

1116  
 AUG 18 1936

MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County .....  
 Township .....  
 City St. Louis

Registration District No. ....  
 Primary Registration District No. ....  
 (No. Broadway & Lemp  
(en route, City Hosp. #1))

791  
 1003

25025

File No. ....  
 Registered No. 6700  
 St. .... Ward)

2. FULL NAME Louis Rausch

(a) Residence, No. 3619a Cleon St. NR Ward. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christine Rausch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

13. NAME Casper Rausch

14. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

17. INFORMANT Christine Rausch  
 (ADDRESS) 3619a Cleon St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July 3, 1936

19. UNDERTAKER Wacker-Welderle  
 (ADDRESS) 2331 S. Broadway

20. FILED JUL 2 1936 J. H. Bredeck  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19...... Death is said to have occurred on the date stated above, at 5:30 m. P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis;  
Arterio-sclerosis; Chronic  
Interstitial Nephritis.  
Splenitis.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?.....  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) J. H. Bredeck, M. D.

(Address) 412 1/2 36

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

