

DEC 3 1936

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

Do not use this space.

42938

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. ....)

Delodge Hospital, (No. ....)

File No. ....

Registered No. 11511

St. .... Ward)

## 2. FULL NAME Mary Rasche,

(a) Residence, No. 4142 West Lee Ave., St. 10 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF (OR) WIFE OF

Late Wm. Rasche,

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16th, 1868

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

68

0

2

## OCCUPATION

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

Housework

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

at home

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## FATHER

## 13. NAME

Frank Franke

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

Germany

## MOTHER

## 15. MAIDEN NAME

Not known

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

Germany

## 17. INFORMANT (ADDRESS)

William Rasche  
4142 West Lee Ave.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens Cem. DATE Nov. 21st, 1936

## 19. UNDERTAKER (ADDRESS)

Nty. Ladner & Sons Co.  
1447 N. Market St.

## 20. FILED

NOV 19 1936

J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-21-1936 to 11-18-1936.

I last saw her alive on 11-18-1936. Death is said to have occurred on the date stated above, at 7:30 P. M.

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

Toxemia  
Diabetic Gangrene of leg.  
Date of onset 8 days  
3 mos.

Other contributory causes of importance:

Diabetes  
ArteriosclerosisName of operation Mid-thigh Amputation Date of 11-8-36  
What test confirmed diagnosis Clinical Was there an autopsy? No.

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? No.

If so, specify.....

(Signed) Alexander J. Kotker, M. D.

(Address) 6516 Oakland, St. Louis, Mo.

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.

10/10/1904

No.	Description	Date	Amount	Balance	Remarks
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