

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

Do not use this space.

FEB 8 1937

791

3093

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1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.

(No. 4539a Oakland Avenue)

File No.....

Registered No.....

St. Ward)

2. FULL NAME Mrs. Amelia Rau,

(a) Residence, No. 4539a Oakland Avenue St. 18 Ward. 1

(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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob F. Rau				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 29, 1868				
7. AGE YEARS 68	MONTHS 11	DAYS 2	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 1, 1937**

22. I HEREBY CERTIFY That I attended deceased from **March 1935, to Jan. 1, 1937**
er **Dec. 31, 1936** 19.....
I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at **10:10 A.M.**
The principal cause of death and related causes of importance were as follows:

Edema of the glottis,

Date of onset

Dec.

31,

1936.

Other contributory causes of importance:
Carcinoma of the right breast, March 1935, with metastasis of the left lung.

Rem. of right breast,

Name of operation **biopsy.** Date of **4/4/35**
What test confirmed diagnosis? **no.** 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 **Chained**
(Signed) **320 Metropolitan Bldg.** M. D.
(Address)

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County, Missouri
	13. NAME Wilhelm Moentmann
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County, Missouri
	15. MAIDEN NAME Marguereta Moellenbruck
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	17. INFORMANT Mr. Martin Rau, (ADDRESS) 4539a Oakland
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo. DATE 1/4/37 19.....	
19. UNDERTAKER Beiderwieden Funeral Home, Inc. (ADDRESS) 1936 St. Louis Avenue	
20. FILED JAN 4 1937 St. Bredeck Registrar.	

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.

6-6-68
M. J. [unclear]
9-11 1-3 6-8