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.

MAY 7 1937

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

Do not use this space.

File No. 14158
Registered No. 3654

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Lizette Rau

(a) Residence, No. 8721 Halls Ferry Road St., 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	2	26	

OCCUPATION

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

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

FATHER

13. NAME Geo Rau
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Wilhelmina Althoff
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Henry F Bundenthal, Supt.
(ADDRESS) Lutheran Altenheim

18. BURIAL, CREMATION, OR REMOVAL
PLACE Black Jack Mo DATE Apr 5 19 37

19. UNDERTAKER Beiderwieden Funeral Home Inc
(ADDRESS) 1936 St Louis Ave

20. FILED APR 5 1937 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from MAR. 30, 19 37, to APRIL, 1, 19 37

I last saw h ER alive on APRIL, 1, 19 37 Death is said to have occurred on the date stated above, at 4:30 A M m.

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

	Date of onset
LOBAR PNEUMONIA	MAR. 30 1937

Other contributory causes of importance: NONE

Name of operation NONE Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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 NONE
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. A. Vanhoefer, M. D.
(Address) 8313 HALLS FERRY RD. CITY