N 10 1938 REC'D JUL 7 1938

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

22876
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township Clayton — Primary Registration District No. 101 — Registered No. 1004
(c) City Clayton — (d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Rauscher, Sr. 260
(a) Residence, No. 4859 Germania St.
(Usual place of abode, if no street address, write county or city) (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: Mamie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 30, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
63	7	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Machinist
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): Austria

FATHER
13. NAME: ------Rauscher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT: Ange Ziegenhein
(ADDRESS) 9008 Niles Place.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. 6-11 1938

19. FUNERAL DIRECTOR: J.L. Ziegenhein & Sons
(ADDRESS) 7027 Grayois Ave.

20. FILED JUN 10 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8, 1938

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 9AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Collision.	
While driving an automobile which collided with an auto-truck on a public highway.	6/8/38
Other contributory causes of importance:	
Traumatism of abdomen with evisceration of abdominal contents.	6/8/38

Name of operation none Date of
What test confirmed diagnosis physical signs Were an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/8/38
Where did injury occur? Gardenville, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto accident. Collision.
Nature of injury Traumatism.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John [illegible], M. D.
(Address) CORONER OF ST. LOUIS COUNTY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHAT PERMANENT SIGNING THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself,

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)