

REC'D SEP 12 1938

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

26803
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1 Primary Registration District No. 1008 Registered No. 6817
(c) City St. Louis (d) Street No. 3931 North Florissant Avenue St. 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

Henry Rau
(a) Residence, No. 3931 North Florissant Avenue St. 20 (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (Nee Niederbremer)
HUSBAND OF Caroline Rau (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wagon
9. Industry or business in which work was done, as saw mill, bank, etc. manufacturer
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 0
(STATE OR COUNTRY) Missouri 6

FATHER 13. NAME Gottfried Rau 6

14. BIRTHPLACE (CITY OR TOWN) Germany 6
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Fred Rau
(ADDRESS) 3931 North Florissant Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE Aug. 2, 1938

19. FUNERAL DIRECTOR (NAME) Math Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED AUG 1 1938 J. P. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to July 30, 1938
I last saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 6:45 A. M.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
bronchial

Date of onset 7/27/38

Other contributory causes of importance:
Senility ?
Debility ?
107a

Name of operation _____ Date of _____
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.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Arthur H. DeMay, M. D.
(Address) 1046 N. Grand Bl.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Samuel Hampton*

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair*

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.)

If this body is not embalmed, above space should be left blank.