

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

**37376**  
Do not use this space.

DEC 12 1938

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **St. Luke's Hospital** Registered No. **9703**  
 (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**

**Ida J. Rasch**  
 (a) Residence, No. **4243 Laclede Ave.** St. **19** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 **Richard Rasch**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 21, 1871**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**67 6 17**

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. **Housewife**  
 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) **St. Louis Mo.**

FATHER 13. NAME **Henry Uthoff**

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

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 6**

17. INFORMANT **Richard Rasch**  
 (ADDRESS) **4243 Laclede Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zion Cemetery** DATE **11-9 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuary 4228 So. Kingshighway**

20. **NOV 9 1938** 19 **J. J. [Signature]** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-7 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 24 1938** to **11-7 1938**  
 I last saw her alive on **11-6 1938** Death is said to have occurred on the date stated above, at **5:30 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Carcinoma. Interna.** Date of onset **about Sept. 1935**  
**Primary Embolism.** **Nov. 6. 1938**  
**Intestinal Obstruction.** **Nov. 5. 1938**

Name of operation **Intestinal Resection** Date of **Nov. 6. 1938**  
 What test confirmed diagnosis **autopsy** Was there an autopsy? **yes**

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 **no**  
 (Signed) **Emm. R. Jervis** M. D.  
 (Address) **770 Washington, 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.

130-3 PM

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**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 *Edmund M. Barnett*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**