

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

8974  
Do not use this space.

REC'D APR 12 1939

791  
1008

2739

1. PLACE OF DEATH

(a) County.....<sup>2</sup> Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. 5030 Cates Ave. 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

(a) Residence, No. 5030 Cates Ave. St. 12 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Gustav Rauschenbach

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

MOTHER 15. MAIDEN NAME Elizabeth Meyer

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

17. INFORMANT Miss Anna Dougherty  
(ADDRESS) 5030 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kimswick, Mo. DATE Mar. 25, 1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly  
(ADDRESS) 3840 Lindell Blvd.

20. FILED MAR 23 1939 J. D. [Signature]  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 23, 1939  
I last saw her alive on March 23, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Meningitis (purpuric) 3-22-39  
Other contributory causes of importance:  
La grippe 3-20-39  
Name of operation none 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.

Manner of injury.....  
Nature of injury..... No

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) V. B. Meyer, M. D.  
(Address) 402 West 22nd

Pr. 266416

Me 2679

**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 Alfred J. Boedecker

Licensed Embalmer No. 2663

P. O. Address: 4204 Raino

**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.**