

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 191 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3624 California Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME VALERIE RAU

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 9 1921  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months | Days      | If less than one day |
|---------|-----------|--------|-----------|----------------------|
|         | <u>19</u> |        | <u>26</u> | hr. _____ min.       |

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Walter Rau

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Thomsen

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Augusta Thomsen.

(b) Address 3624 California Ave.

17. (a) Burial (b) Date thereof Feb. 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director L. H. Eubank and P. Co.

(b) Address 2842 Merameo St.

19. (a) FEB 5 1940 (b) J. B. Bredbeck  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3624 California Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4  
year 1940 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from November 10<sup>th</sup> 1930, to February 4<sup>th</sup> 1940  
that I last saw her alive on February 3<sup>rd</sup> 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Heart. - 10 yrs.

Due to Chronic Arthritis Aneurysms. 16 yrs.

Due to Chronic Myocarditis 1 yr.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Albert Weisbach (M. D. or other) MD  
Address 3548 S. Grand Bl Date signed 2-5-40

**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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lorou E. Percy

Licensed Embalmer No. 4094  
2842 Meramec St.  
P. O. Address St. Louis, Mo.

**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.**