

FILED JUN 10 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4159

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: 4519 Geraldine ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
In this community 1 year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4519 Geraldine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUIS RAUSCH

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LOUISA 6. (c) Age of husband or wife if alive 6 years 1857 (Day) (Year)

7. Birth date of deceased MAY 6 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 3 If less than one day hr. min.

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation UNEMPLOYED

11. Industry or business

12. Name HENRY RAUSCH

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur A. Rausch

(b) Address 4519 Geraldine ave

17. (a) BURIAL (b) Date thereof 5/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAULS EV. CEM.

18. (a) Signature of funeral director Baumman Bros

(b) Address 2501 Woodson Rd, Overland Mo

19. (a) MAY 11 1942 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1942 hour 09 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 27 1942 to May 9 1942 that I last saw him alive on May 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration - ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (a) John B. D. Swiley (b) MD (c) MD (d) MD
23. Signature John B. D. Swiley (M. D. or other) MD
Address 2014 Thekla Av. Date signed 5/11/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

008
19
9

Handwritten notes on the left margin, including "96" and "1708 1/2".

Handwritten text at the top right, possibly "W. H. F. 30" and "JAN 20 1934".

Handwritten text "H. A. A. 21 01".

Handwritten text "312 312".

Handwritten text "ATHN 211".

Handwritten text "YAM".

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address 2504 Woodson Overland

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, fact should be so stated above.