

Filed AUG 6 1942
Registration District No. **191**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1521 College Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **64 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** **9 17**
(If outside city or town limits, write "RURAL") **9**

(d) Street No. **1521 College Ave**
(If rural, give location)

(e) Citizen of foreign country? **Unknown** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Emma Rauth**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24th.**
year **1942** hour **2:15 AM** minute M.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widow**

6. (b) Name of husband or wife **Henry J. Rauth**

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased **April 13, 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr 22, 1926**, to **July 24, 1942**
that I last saw **her** alive on 10.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 **3** **11** hr. min.

Immediate cause of death:
**chronic arterio-sclerotic
cardio-renal disease**

9. Birthplace **Unknown** **Germany 4**
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation **At home**

Major findings:
Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name **Conrad Eggley**

13. Birthplace **Unknown** **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Germany 4**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **John Rauth**

(b) Address **1521 College Ave**

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?

17. (a) **Burial** (b) Date thereof **7/27/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **JUL 25 1942** **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(e) Means of injury.....

23. Signature **Albert J. McGehee** (M. D. or other)

Address **2739 NO Grand** Date signed **7-24-42**

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.....

Francis A. Williamson

Licensed Embalmer No.....

3565

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, fact should be so stated above.