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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4179

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 93

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River, Missouri 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. 205 Lewis St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Christina Elizabeth Rauth
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 Married
6. (b) Name of husband or wife George Henry Rauth
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April (Month) 30 (Day) 1874 (Year)

8. AGE: Years 69 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Belleville, Ill. (City, town, or county) / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Philip A. Conrath
13. Birthplace Illinois (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Magdelena Finkelin
15. Birthplace Belleville, Ill. (City, town, or county) / (State or foreign country)
16. (a) Informant George Henry Rauth
(b) Address Flat River, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 15, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery, Ill.
18. (a) Signature of funeral director Searks and Co
(b) Address Flat River, Missouri
19. (a) JAN. 15, 1944 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION /

20. DATE OF DEATH: Month January day 14th year 1944 hour 3:00 p.m. minute M.
21. I hereby certify that I attended the deceased from Oct, 1944 to Jan 14, 1944 that I last saw her alive on Jan 14, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Scirrhous Carcinoma Rt Breast with	
Due to metastases to Rt axillae - Rt & left	
Due to femur and Uterus	2 yrs
Other conditions (Include pregnancy within 3 months of death) 50	
Major findings: Of operations Scirrhosis Carcinoma	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature F.W. Zuspan DO (M. D. or other)
Address Flat River MO Date signed 1/15/44

1146

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-3293

Date Filed 2-5-44

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River 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.