

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2087

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 1255 N. Handley Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Josie Rauschenbach

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

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

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

7. Birth date of deceased: April 12, 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1944 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from Sept 28, 1944, to Oct 12, 1944, that I last saw her alive on Oct 11, 1944, and that death occurred on the date and hour stated above.

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

82	6	0	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Immediate cause of death Cerebral Thrombosis

Due to arterio sclerosis

Due to 83%

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

11. Industry or business _____

MOTHER FATHER { 12. Name James Gilmartin

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frank T. Rauschenbach
(b) Address 1255 N. Handley Rd.

17. (a) Burial (b) Date thereof Oct. 16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 412 Duchangette Street

19. (a) OCT 14 1944 (b) E. J. McElhannon, M.D.
(Date received local registrar) (Registrar's signature)

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 _____

Signature: J. M. Freund (M. D. or other) _____
Address: 3115 S. Grand Date signed: 11/13/44

Duration 1 week

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *Samuel A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.