S. No. 2
DM—5-43
v. 5-17-39
I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22450

FILED AUG 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6640

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: 3934a Hartford 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 000

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

(d) Street No. 3934a Hartford 9 16
(If rural, give location)

(e) Citizen of foreign country? No — 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME RAUSCHER, SALLIE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Louis Rauscher

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December (Month) 4, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	24	hr. min.

9. Birthplace St. Louis County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name John Greb
13. Birthplace Unknown (City, town, or county) — 9 (State or foreign country)

MOTHER
14. Maiden name Katherine Dietrich
15. Birthplace St. Louis County, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Louis Rauscher
(b) Address 3934a Hartford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 31 - 45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Cem., Des Peres, Mo.

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) JUL 30 1945 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1945 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 3/10/43, 19__, to 7/27, 1945 that I last saw her alive on July 27th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	2 yrs
Due to Arterio Sclerosis	2 yrs.
Due to Cerebral Apoplexy	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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

23. Signature O. W. Schulte (M.D. or other) DC
Address 2709 So Kingshighway Date signed 7/29/45

(Licensed Embalmer's Statement on Reverse Side)

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 Glen W. Hoff

Licensed Embalmer No. 373

P. O. Address 1936 St. Louis Co.

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.