

FILED NOV 14 1947

Registration District No. **377**

Primary Registration District No. **3069**

Registrar's No. **2285**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Jct
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Bertha Rau

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 Peter Rau 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 19 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Millstadt Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Own Home

12. Name Louis Hucke
13. Birthplace Don't know Germany /
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Wenzel
15. Birthplace Smithton Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Rau
(b) Address Waterloo, Ill.

17. (a) removal (b) Date thereof 11-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Ill.

18. (a) Signature of funeral director Aug M Wagner
(b) Address Waterloo, Ill.

19. (a) 11-7-47 (b) Bertha Rau
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Monroe **999**
(c) City or town Waterloo **11**
(If outside city or town limits, write "RURAL")
(d) Street No. W. Third St. **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **2**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1947 hour 5 minute 40A.M.

21. I hereby certify that I attended the deceased from 3-27-42
to _____, 19____ to _____, 19____

that I last saw h. RE alive on Nov 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Renal pituitary obstruction with presenters thrombosis & shock Duration 24 hrs

Due to _____
Due to 122 hrs

Other conditions (Include pregnancy within 3 months of death) operated Oct 28, 1942

Major findings: Extensive adhesions of small intestine & gall bladder region. Underline the cause to which death should be charged statistically.
Of autopsy None

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 0

23. Signature Wayne O. Dork (M. D. or other) 0
Address 2739 No State Date signed 11-7-47
J. Thomas, M.D.

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

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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 Frank Proloff
Licensed Embalmer No. 435-6
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.