No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6908

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1975

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 Jewish 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 aaa

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

(d) Street No. 414 N. Union 9
(If rural, give location)

12

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

If yes, name country

3. (a) PRINT FULL NAME RACHEL RAUH

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	75	-	-	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Samuel Rauh
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Janette Rice
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Morton M. Rauh
(b) Address 414 N. Union

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rudolph Jr.
(b) Address 5216 Delmar Blvd.

19. (a) FEB 27 1948 (Date received local registrar) (b) J. F. Brisack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1948 hour 4:00 minute a M.

21. I hereby certify that I attended the deceased from Aug. 1, 1947 to Feb 26, 1948
that I last saw her alive on Feb 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Carcinomatosis of bones, liver, lung

Due to Carcinoma of breast - Primary

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

50

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Michael M Karl (M. D. or other)

Address Feb 27, 1948 Date signed

Jefferson City Printing Co.

(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.....John Ketter.....

Licensed Embalmer No. 3880

P. O. Address.....

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.