No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 2 1948
Registration District No. 31848

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7434
Primary Registration District No. 6076
Registrar's No. 439

96

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home #2 4
(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 St. Louis 96
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 3310 Welsberg Dr.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mae E. Rautenstrauch
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 widowed
6. (b) Name of husband or wife Oscar J. Rautenstrauch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 17, (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	6	26	hr. min.

9. Birthplace Des Pere, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name George Reinhardt
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eugene Rautenstrauch
(b) Address 3310 Welsberg Dr.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Drehmann-Herral
(b) Address 1905 Union Blvd.
19. (a) 2-17-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1948 hour 12:30 minute P.M.
21. I hereby certify that I attended the deceased from October 15th, 1947 to February 13th, 1948
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	
Due to	
Due to 1310	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
23. Signature R. M. Jansen (M. D. or other)
Address Manchester Mo Date signed 2/16/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr R. H. Jensen
Kirkwood
K-920
Helmet 301
Manchester

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 Warren A Carver

Licensed Embalmer No. 3534

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.