DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17027

State File No.

Registration District No. 230 | Primary Registration District No. 4345 | Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County: Montgomery

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Montgomery

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

(d) Street No. ____
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: OSCAR Richard Rauschelbach

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of ~~husband~~ or wife: Margaret (Nee Dowling)

6. (c) Age of ~~husband~~ or wife if alive: 61 years

7. Birth date of deceased: Dec. (Month) 1 (Day) 1867 (Year)

8. AGE: Years 80 | Months 5 | Days 16 | If less than one day — hr. — min.

9. Birthplace: Cole County (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Physician

11. Industry or business: Physician

MOTHER FATHER

12. Name: Gustav Rauschelbach

13. Birthplace: — (City, town, or county) Germany (State or foreign country)

14. Maiden name: Martha ?

15. Birthplace: — (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Loran Rauschelbach

(b) Address: 5630 Pershing – St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-21-48 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~: St. Marcus Cemetery

18. (a) Signature of funeral director: Kottmeyer & Co.

(b) Address: Rhineland, Mo.

19. (a) May-20-1948 (Date received local registrar) (b) Mrs. Nana Lee Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1948 hour 7:10 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan 15th, 1948 to May 17th, 1948 that I last saw ~~him~~ alive on May 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	Several Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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: 0

23. Signature: E. G. Rhodius (M. D. or other)

Address: Hermann Mo. Date signed: 5/18/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 25 1948

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 D. B. Baker, Registered Apprentice No. working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.