

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42167**

BIRTH NO. **74784-49** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **237**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1904 Krekel Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Laura	b. (Middle) E.	c. (Last) Rauch	4. DATE OF DEATH (Month) (Day) (Year) December 16-1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH November 3-1949	9. AGE (In years last birthday) 7 MONTHS 13 DAYS	IF UNDER 1 YEAR Hours 13 Min.	IF UNDER 24 HRS. Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry P. Rauch	13b. MOTHER'S MAIDEN NAME Elizabeth Mudd	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NIL (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Henry P. Rauch ADDRESS St. Charles, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pericardial Blood Meningoitis -		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Periosteophyseal abscess		?
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Promela tons, 7 1/2 mo.			3403

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 3**, 1949, to **Dec. 16**, 1949, that I last saw the deceased alive on **Dec. 16**, 1949 and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Jenkins M.D. (Degree or title)	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 12-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 18-1949	24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. 12-23-49	REGISTRAR'S SIGNATURE Russell Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE H. O. Hallmayer + Sons Co ADDRESS 800 N. 2nd - St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

