

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3340**
Registrar's No. **177**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3062**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. L. | |
| b. CITY (If outside corporate limits, write RURAL and give township) Brentwood | | c. CITY (If outside corporate limits, write RURAL and give township) Brentwood | |
| c. LENGTH OF STAY (in this place) YEARS | | d. STREET ADDRESS (If rural, give location) 8903 Powell | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 8903 Powell | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Edgar N. Rau | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1950 |
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|-----------------|---------------------------|---|-----------------------------------|---|---------------------------|-------------------------|--------------------------|------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9-24-1882 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 4 HRS. Hours | Min. |
|-----------------|---------------------------|---|-----------------------------------|---|---------------------------|-------------------------|--------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cigar Maker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) York, Pa. | 12. CITIZEN OF WHAT COUNTRY? Native |
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| 13a. FATHER'S NAME Henry Rau | 13b. MOTHER'S MAIDEN NAME Catherine Melhorh | 14. NAME OF HUSBAND OR WIFE Elsie Rau |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 498-22-0558 | 17. INFORMANT'S SIGNATURE OR NAME Russell Rau ADDRESS 2840 Raritan |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 15 days | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis (recd.) | | | 2 yrs 7 mo 4201 |
| | DUE TO (c) Right hemiplegia (from cerebral hemorrhage) | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus | | 1 yr. 11 mo 3 yrs | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" 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) | 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 **Mar 15, 1947**, to **Jan 20, 1950**, that I last saw the deceased alive on **Jan 16, 1950**, and that death occurred at **5:00 A m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Ch Bockelman M.D. | 23b. ADDRESS 2615 Brentwood Blvd | 23c. DATE SIGNED 1/20/50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-23-1950 | 24c. NAME OF CEMETERY OR CREMATORY Sunset | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo |
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| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JAN 20 1950 Herbert R. Wouke M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith - 7456 Manchester |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. H. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.