

FILED MAY 9 - 1952

STANDARD CERTIFICATE OF DEATH

15090

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1198

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (In this place) 10 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital		5. CITY (If outside corporate limits, write RURAL and give township) Brentwood	
		d. STREET ADDRESS (If rural, give location) 8761 Rankin	

3. NAME OF DECEASED (Type or Print) a. (First) Mabel	b. (Middle)	c. (Last) Rauss	4. DATE OF DEATH (Month) (Day) (Year) 5 5 52
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/12/97	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 23	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY XX AT HOME	11. BIRTHPLACE (State or foreign country) St Louis	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry J. Hemme	13b. MOTHER'S MAIDEN NAME Rose ?	14. NAME OF HUSBAND OR WIFE H. F. Rauss
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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. None	17. INFORMANT'S SIGNATURE OR NAME H. F. Rauss.	ADDRESS 8761 Rankin Brentwood
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 5-3-52
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma - gas. metastases		8-16-52
	DUE TO (c) Carcinoma Rectum		12-6-51
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X			

19a. DATE OF OPERATION 2-25-52	19b. MAJOR FINDINGS OF OPERATION ca. rectum i metast	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) (Min.)	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 10-9, 1950, to 5/5/52, 1952, that I last saw the deceased alive on 5/5/52, 1952, and that death occurred at 7:20A m., from the causes and on the date stated above.

23a. SIGNATURE Louis F. Howe	(Degree or title) M. D.	23b. ADDRESS 2511 Brentwood, Blvd.	23c. DATE SIGNED 5/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/7/52	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St Louis Mo.
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DATE REC'D BY LOCAL REG. 5-6-52	REGISTRAR'S SIGNATURE Hershel R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc.	ADDRESS 6633 Clayton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Ernest W. Spillers

Signed.....
Student Embalmer

Licensed Embalmer No. 4080

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.