V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16123

State File No. .....

FILED APR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3507

0

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST.LOUIS, MISSOURI
c. LENGTH OF STAY (in this place) 42 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MISSOURI BAPTIST HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST.LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 3615 ALDINE 2119

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle)
c. (Last) RAUH

4. DATE OF DEATH (Month) MARCH (Day) 31, (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 12,1886
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 11 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (City and State or Foreign Country) ST.LOUIS, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NO RECORD
13b. MOTHER'S MAIDEN NAME NO RECORD
14. NAME OF HUSBAND OR WIFE MARIE RAUH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME MRS. MARIE RAUH, 3615 Aldine, St. Louis, Mo. ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Hepatitis — 1 yr
DUE TO (c) Gall Stones — 3-4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/20/53
19b. MAJOR FINDINGS OF OPERATION Ca growth liver Seven Hepatitis - Atrophic Gall Bladder
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 1561

22. *I hereby certify that I attended the deceased from* 2/18, 1953 *to* 3/31, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Cleveland Bluett Orr
23b. ADDRESS 220-N-4th St Louis
23c. DATE SIGNED 4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4-3-1953
24c. NAME OF CEMETERY OR CREMATORY St.Matthews Cemetery
24d. LOCATION (City, town, or county) (State) St.Louis County, Missouri

DATE REC'D BY LOCAL REG. APR 2 1953
REGISTRAR'S SIGNATURE J Carl Smith MO MJB
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin's, 2301 Lafayette, St.Louis, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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