S. No. 300
v. 10-48

XC 6 686 260
REG# 110879
FILED JUN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23507

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1625

4000
0

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

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 19 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY CALLAWAY
c. CITY OR TOWN TEBBETTS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) NONE

0144

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) R. c. (Last) RAUSCHELBACH

4. DATE OF DEATH (Month) (Day) (Year) 6-10-53

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3

8. DATE OF BIRTH 10-20-06

9. AGE (In years last birthday) 46 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRAKEMAN

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD

11. BIRTHPLACE (City and State or Foreign Country) TEBBETTS, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WALTER W. RAUSCHELBACH

13b. MOTHER'S MAIDEN NAME LILLIAN SHELTON

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis, bilateral far advanced

INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

002X

20. AUTOPSY? YES [X] 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. VA

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22-53, 19__, to 6-10-53 XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX and that death occurred at 6:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. A. ALLEN, M.D.

23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.

23c. DATE SIGNED 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-12-53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Fulton, Mo.

DATE REC'D BY LOCAL REG. 6-12-53

REGISTRAR'S SIGNATURE Herbert R Domke M.D. P.F.

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1953

JUN 26 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 410 8

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.