

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21132

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **57211**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 5 1/2 Wks.	c. CITY (If outside corporate limits, write RURAL and give township) Manchester Mo. Rt 1		4740
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			d. STREET ADDRESS (If rural, give location) Deitrich Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) P.	c. (Last) Rauscher		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 18, 1890	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months 5 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maint. Man		10b. KIND OF BUSINESS OR INDUSTRY Manhasset Village	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Rauscher		13b. MOTHER'S MAIDEN NAME Mary Eschenbrenner	14. NAME OF HUSBAND OR WIFE Elizabeth Rauscher		
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. _____	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Rauscher ADDRESS Rt 1 Manchester Missouri		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 6-25-54
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease				5-10-54
	DUE TO (c) Adeno-carcinoma of rectum				6-10-54
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdomino-perineal resection				
19a. DATE OF OPERATION 6-21-54	19b. MAJOR FINDINGS OF OPERATION for carcinoma rectum			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 154X			
22. I hereby certify that I attended the deceased from 6-18 , 1954, to 6-25 , 1954, that I last saw the deceased alive on 6/24 , 1954, and that death occurred at 7 A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Curtis A. Meyer M.D.		23b. ADDRESS 4952 Maryland Ave.		23c. DATE SIGNED 6-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 28, 54	24c. NAME OF CEMETERY OR CREMATORY St. Paul Luth Cemetery	24d. LOCATION (City, town, or county) (State) Des Peres, Mo.		
DATE REC'D BY LOCAL REG. JUN 28 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo.	

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

(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
Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin Mo

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.