

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **454**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Cape Girardeau 7		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (in this place) 71 yr	c. CITY OR TOWN Cape Girardeau
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to St Francis		STREET ADDRESS (If rural, give location) 305 S Louisiana	

3. NAME OF DECEASED (Type or Print) Albert	a. (First) Albert	b. (Middle) C	c. (Last) Rau	4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1955
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (Last birthday) Dec 29 1883	9. AGE (In years) (Month) (Day) (Min.) 71 - 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Dutchtown Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A	

13a. FATHER'S NAME Phillip Rau	13b. MOTHER'S MAIDEN NAME Augusta Bohnsack	14. NAME OF HUSBAND OR WIFE Mathilda Rau Cape Girardeau
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mathilda Rau ADDRESS Cape Girardeau

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Myocardial Infarction	ANTECEDENT CAUSES Coronary artery sclerosis		DUE TO (b) 10 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201
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?

22. I hereby certify that I attended the deceased from **Aug 6, 1952**, to **Jan**, 1955, that I last saw the deceased alive on **Jan 9, 1955**, and that death occurred at **11:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. N. Jaeger, M.D.	(Degree or title)	23b. ADDRESS Jackson, Mo.	23c. DATE SIGNED Jan 13 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 12 1955	24c. NAME OF CEMETERY OR CREMATORY Lorimier	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.

DATE REC'D BY LOCAL REG. 1-13-55	REGISTRAR'S SIGNATURE W. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Easter ADDRESS Cape Girardeau Mo.
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WRITE PLAINLY—USING UNFADEING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. H. Ester*.....

Licensed Embalmer No. *356*.....

P. O. Address *Cape Girardeau*.....

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.