

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14334

State File No.

752

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No.

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(ship)) Creve Coeur		c. CITY OR TOWN Creve Coeur	
c. LENGTH OF STAY (in this place) 11 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ballas Rd.		STREET ADDRESS (If rural, give location) Ballas Rd.	

3. NAME OF DECEASED (Type or Print) Amelia Elizabeth Rauscher	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH April 1 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 27, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 11	IF UNDER 1 HRS. Hours 	IF UNDER 15 MIN. Min.
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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 own home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Kolbe	13b. MOTHER'S MAIDEN NAME Mary Luft	14. NAME OF HUSBAND OR WIFE Albert Rauscher
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gustav Seiler	ADDRESS 1207 N. Ballas St. Louis 22 Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1954-1955
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neurocirculatory Collapse		
	ANTECEDENT CAUSES DUE TO (b) Imanition DUE TO (c) Pyloric Obstruction		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility, Cardiac Cond.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 545X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 3/10, 1955, to 3/31, 1955, that I last saw the deceased alive on 3/31, 1955, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William Seibert, D.D.	23b. ADDRESS Five Road Creve Coeur, Mo.	23c. DATE SIGNED 4/1/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-3-1955	24c. NAME OF CEMETERY OR CREMATORY Elmlawn Cemetery	24d. LOCATION (City, town, or county) (State) Clayton & Ballas Rd. Mo.
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DATE REC'D BY LOCAL REG. 4/2/55	REGISTRAR'S SIGNATURE Norbert K. Rombe, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home	ADDRESS Ballwin, Mo.
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(Licensed Embalmer's Placement on Reverse Side)

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

1956
8. 7077

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 *Richard Bopp*

Licensed Embalmer No. *458*

P. O. Address *Ballwin*

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.