

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. **22070**
Registrar's No. **5427**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 22070		Registrar's No. 5427					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). - a. STATE MISSOURI b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp				e. STREET ADDRESS (If rural, give location) 5926 ARENDES DR. 2019									
3. NAME OF DECEASED (Type or Print) LUCILLE RAUCH			a. (First)			b. (Middle)			c. (Last)				
4. DATE OF DEATH JUNE 5 1966			(Month)			(Day)			(Year)				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 11 1904		9. AGE (In years last birthday) 51		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) WAITRESS				10b. KIND OF BUSINESS OR INDUSTRY REGAL REST.		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME CHARLES McELYEA				13b. MOTHER'S MAIDEN NAME VIRGINIA POLSGROVE				14. NAME OF HUSBAND OR WIFE RUSSEL RAUCH					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____				16. SOCIAL SECURITY NO. 498-01-2359		17. INFORMANT'S SIGNATURE OR NAME RUSSEL RAUCH ADDRESS 5926 ARENDES DR.							
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, ashenia, etc. It means the disease, injury, or complication which caused death.													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd 3rd Degree Burns				II. OTHER SIGNIFICANT CONDITIONS while cleaning carpet in house on June 1st 1956				INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES suffered when burned in fire, caused by using kerosene lamp which ignited				MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. due to (c)									
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION E916.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) St Louis Mo (COUNTY) 000 (STATE) _____		21d. TIME OF INJURY June 1 56 (Month) (Day) (Year) (Hour) (Minute) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE Robert E. Taylor (Degree or title) _____						23b. ADDRESS 1300 Olive St			23c. DATE SIGNED 6/6/66				
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE 7 1956		24c. NAME OF CEMETERY OR CREMATORY New ST. MARCUS		24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo		DATE REC'D BY LOCAL REG. JUN 6 1966		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Hawaii Ave	

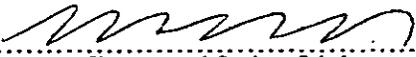
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

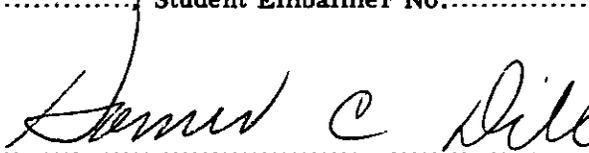
STATEMENT BY LICENSED EMBALMER

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 
Student Embalmer No.

Licensed Embalmer No. 4342

P. O. Address 2906 St. ...

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.