

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035118
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2461

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Des Peres		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Des Peres 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1103 Bopp Rd.		Length of stay in lb 12 yrs.	d. STREET ADDRESS (If outside, give location) 1103 Bopp Rd.
3. NAME OF DECEASED (Type or print) First IDA Middle CAROLINE Last RAUSCHER			4. DATE OF DEATH Month Sept. Day 24 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1891
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Otto Fette	13b. MOTHER'S MAIDEN NAME Louise Listmann
14. NAME OF HUSBAND OR WIFE Charles Rauscher		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) None	16. SOCIAL SECURITY NO. None
17. INFORMANT Charles J. Rauscher-541 Mistletoe		Address Kirkwood Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 2470
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arthritis deformans			10 yrs
DUE TO (c) 4200			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 9-1-58 to 9-24-58 and last saw her alive on 9/23/58 Death occurred at 2:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Kirkwood 22 Mo	22c. DATE SIGNED 9/24/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/27/1958	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cem.	23d. LOCATION (City, town, or county) (State) Des Peres, Missouri
24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood	ADDRESS 22, Mo.	25. DATE RECD. BY LOCAL REG. 9-24-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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 *Ben C. Hoffman*
Licensed Embalmer No. *4566*
P. O. Address *Stua Co.*

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.