

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009373

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 377 Primary Registration District No. 544 Registrar's No. 598

FILED MAR 2 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59			
14003			
24038			
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12 440			
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	SHOULD READ		
	BY AFFIDAVIT OF		

USE BLACK INK OR TYPEWRITER RIBBON

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 KIRKWOOD		Length of stay in 1b 1 DAY		c. CITY OR TOWN ROCK HILL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7798 SHERRELL CT. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GRACE V. RAUCH			4. DATE OF DEATH Month Day Year FEB. 16 1962		
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 7/10/1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME ROBERT V. MEYER		13b. MOTHER'S MAIDEN NAME ANNE MURRY	
14. NAME OF HUSBAND OR WIFE EMIL RAUCH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE			
16. SOCIAL SECURITY NO.		17. INFORMANT Address B PAUL RAUCH 854 ELM TREE LANE			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of sigmoid colon					INTERVAL BETWEEN ONSET AND DEATH 12 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardio-vascular disease					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Dec 21, 1954 to Feb 16, 1962 and last saw her alive on Feb 16, 1962 Death occurred at 9:12 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James B. Jones</i>		(Degree or title) M.D.		22b. ADDRESS 9313 Manchester Road St. Louis 19, Mo.	
22c. DATE SIGNED 2-19-62					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 20, 1962	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS Co. MO.	
24. FUNERAL DIRECTOR PFITZINGER MORTUARY, 331 S. KIRKWOOD RD.		ADDRESS		25. DATE RECD. BY LOCAL REG. 2-19-62	
				REGISTRAR'S SIGNATURE <i>John E. Murphy M.D.</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,

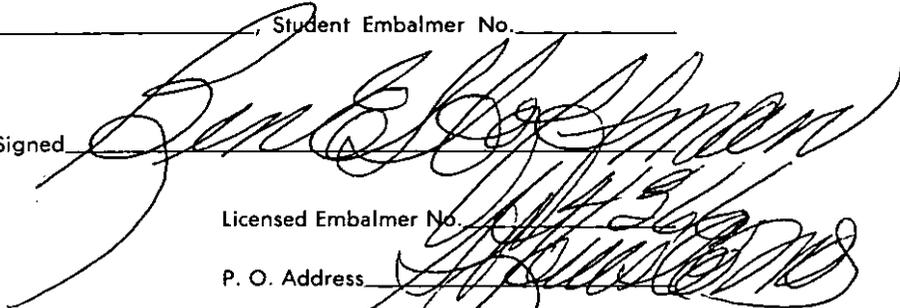
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. _____

P. O. Address _____

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.