

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020882
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5104

FILED MAY 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

| | | | | |
|------------------------------------|-----------------------|--|------------|----------|
| VS 300 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
| Rev. 4/59 | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 65 | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | | |
| USE BLACK INK OR TYPEWRITER RIBBON | | | | |
| SHOULD READ | | | | |
| ITEM NO. | | | | |

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | a. STATE Missouri b. COUNTY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If outside, give location) 3850 South Spring | |
| 3. NAME OF DECEASED (Type or print) First FRED Middle C. Last RAUSCHER | | 4. DATE OF DEATH Month May Day 19 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/29/90 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Maintenance Work | | 10b. KIND OF BUSINESS OR INDUSTRY Gen'l. Prop. Main. | 11. BIRTHPLACE (City and state or country) St. Louis County, Mo. |
| 13a. FATHER'S NAME Casper Rauscher | | 13b. MOTHER'S MAIDEN NAME Elizabeth Straub | 14. NAME OF HUSBAND OR WIFE Clara Mild Rauscher |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Mrs. Clara Rauscher, 3850 South Spring | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis | | | 1 year |
| DUE TO (c) 332X | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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 April 1960 to May 1962 and last saw her/him alive on May 18 1962 Death occurred at 2: 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Rauscher MD (Degree or title) | | 22b. ADDRESS 3701 Grandel Sq | 22c. DATE SIGNED 5-19-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE May 22, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri. |
| 24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis (6) | | 25. DATE RECD. BY LOCAL REG. MAY 21 1962 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |

Dr. R. A. Macdonald
3701 Harvard Avenue
12-4 P.M.

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. 4520

P. O. Address Harvard Ave

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.