

No. 2  
1/47  
17-39

FILED JUL 22 1948

315

Registration District No. ....

1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Bond <sup>999</sup>  
<sub>10</sub>

(c) City or town Sorento  
(If outside city or town limits, write "RURAL") L

(d) Street No. HR. (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Helen Rau

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Paul C. Rau

6. (c) Age of husband or wife if alive 1874 years

7. Birth date of deceased July 15 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>11</u>	<u>26</u>	.....hr. ....min

9. Birthplace Columbia Bottoms Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Sewing Machine Operator

11. Industry or business Tie Factory

12. Name August Franz

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul T. Rau

(b) Address Sorento, Illinois

17. (a) Removal (b) Date thereof 7/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sorento, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 12 1948 (b) J. F. Br...  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1948 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from 5-11-48  
....., 19..... to 7-11-48, 19.....  
that I last saw her alive on 7-11-48, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Lymphomatosis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy Tumor of indeterminate metastases

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....  
(Specify type of place)

While at work?..... (e) Means of injury L

23. Signature J. F. Br... (M. D. or other)  
Address P. O. Box Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed

*Robert H. Kasper*

Licensed Embalmer No. 2971

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 this body is not embalmed, fact should be so stated above.