WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 18489

Township ..... Primary Registration District No. 1003 ..... Registered No. 4837

City ..... (No. Mullanphy Hosp. ..... St. ..... Ward)

2. FULL NAME Henry G. Ratermann

(a) Residence. No. 3408 W 14 Str. St., 26 Ward. (Usual place of abode) ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antoinette Ratermann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-2-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	5	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Material Yard

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Ratermann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Antoinette Ratermann (Address) 3408 W 14 Str

15. FILED MAY -3 1928 19 Max C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 2, 1928, that I last saw him alive on May 2, 1928, and that death occurred, on the date stated above, at 8 3 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumo-Cocus, Meningitis Cause unknown

N/A (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Operation for draining Spine (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 5-1-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Spinal Fld Exp

(Signed) S. F. Shiegel, M. D

5/2, 1928 (Address) 1901 Madison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem.

DATE OF BURIAL: 5/5 1928

20. UNDERTAKER: W. A. Stock Und Co

ADDRESS: 2117 E. Grand