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

Do not use this space.

35718

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 ..... Registered No. 10511

City St. Louis Mo. (No. ..... Sanitarium ..... St. ..... Ward)

2. FULL NAME Anton Rathouz

(a) Residence. No. 1869 So. 11th St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. – mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	31			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) Czecho-Slovaika

PARENTS

10. NAME OF FATHER William Rathouz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Czecho-Slovaika
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) Czecho-Slovaika

14. INFORMANT C. H. Ecard
(Address) 5400 Arsenal St. St. Louis Mo

15. FILED OCT 28 1929 Max C. Tomlin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-24 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-11-, 1929, to 10-24-, 1929 that I last saw him alive on 10-24-, 1929, and that death occurred, on the date stated above, at 4:25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

85 Epilepsy

(duration) 1 yrs. 10 mos. 6+ ds.

CONTRIBUTORY (SECONDARY) Status Epilepticus

(duration) 0 yrs. 0 mos. 6+ ds.

78

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. H. Ecard, M. D.
10-24-1929 (Address) 5400 Arsenal St. St. Louis Mo

*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 S. S. Peter & Paul — DATE OF BURIAL Oct 28 1929

20. UNDERTAKER Thos Kutis — ADDRESS 2908 Gravois Ave

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.