

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

Do not use this space.

17937

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Gatewood Hotel) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 5083  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carl G. Rathmann  
 (a) Residence. No. Gatewood Hotel, 12 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna E. Rathmann</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 27 - 1853</u>		
7. AGE <u>76</u> YEARS	<u>11</u> MONTHS	<u>25</u> DAYS
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Director of Visual Education, St. Louis</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Public Schools</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Heusenberg</u> (STATE OR COUNTRY) <u>Germany</u>		
10. NAME OF FATHER <u>Don't know</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) _____		
12. MAIDEN NAME OF MOTHER <u>Don't know</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>		
14. INFORMANT <u>Walter H. Rathmann</u> (Address) <u>6424 Locust St.</u>		
15. FILED _____ 19 _____ _____ REGISTRAR		

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/22/30 19\_\_\_\_  
 17. I HEREBY CERTIFY, That I attended deceased from 2/1/30 19\_\_\_\_  
 that I last saw h. alive on 5/21/30 19\_\_\_\_, and that death occurred, on the date stated above, at 8:20 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary thrombosis  
4 1/2 hrs. (duration) 9 yrs. 0 mos. 0 ds.  
 CONTRIBUTORY Angina pectoris  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) D. J. Falk M. D.  
5/22/30 19 (Address) Beaumont Bldg

\*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 Valhalla Crematory DATE OF BURIAL May 24, 1930  
 20. UNDERTAKER Wagoner ADDRESS 3221 Olive

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.

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