

1930

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

Do not use this space.

20411

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1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No. Highway No. 40)

Registration District No. 757
Primary Registration District No. 5998

File No. _____
Registered No. 118
St. _____ Ward _____

2. FULL NAME Frank Rathert

(a) Residence. No. 542 W. Peppine St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Seraldine Rathert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 -

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 7 14

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

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

10. NAME OF FATHER Fred C. Rathert

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

12. MAIDEN NAME OF MOTHER Josephine Thoush

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

14. INFORMANT Seraldine Rathert (Address) 542 W. Peppine

15. FILED 7/3 19 30 My. H. Blockhaus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 19 30

17. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____ to _____, 19 _____ that I last saw him _____ alive on _____, 19 _____, and that death occurred, on the date stated above, at _____, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Automobile Accident
on Highway 40, near St Charles
mo. (duration) yrs. mos. ds.

CONTRIBUTORY same (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1880 IF NOT AT PLACE OF DEATH 2100

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

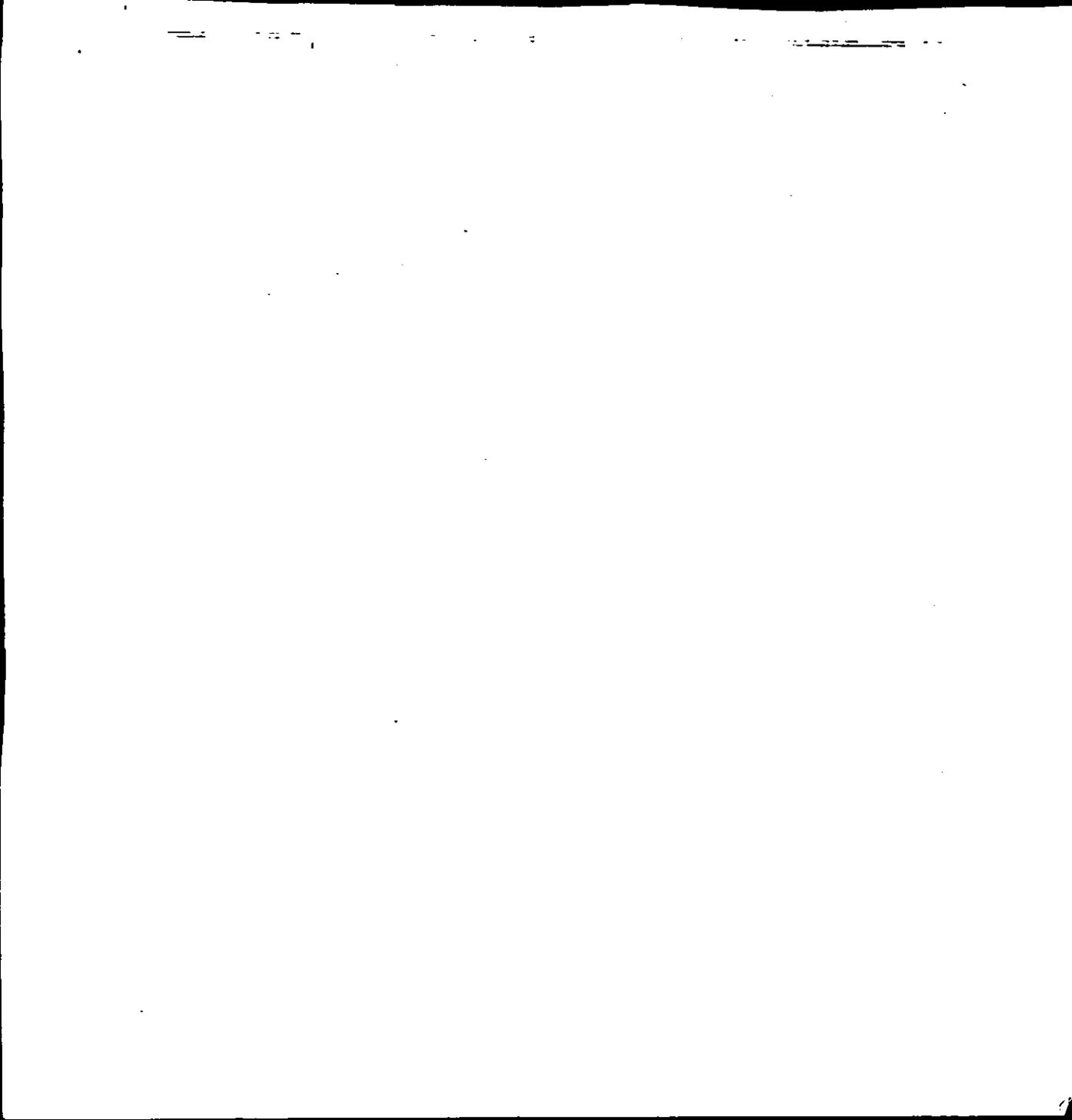
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) OB. Dech Deputy Coroner M. D.
6-30, 1930 (Address) St Charles Mo

*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 St Louis Mo DATE OF BURIAL July 3 19 30

20. UNDERTAKER Fendler and Co ADDRESS 7819 Michigan

PARENTS



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County St. Charles Registration District No. 75-7 File No. 20411
 Township St. Charles Primary Registration District No. 5998 Registered No. 118
 City (No.) St. Ward

2. FULL NAME

Frank Rathert

(a) Residence. No. St. Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1930

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h. alive on 19, and that death occurred, on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 X 1900

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

auto accident on highway 40 mi. while driving his car thru van into a truck loaded with lumber + a piece of lumber ran thru his chest

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

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH. DATE OF 1830

10. NAME OF FATHER

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19

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

20. UNDERTAKER ADDRESS

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 7/5 1930 By A. B. Bloebaum REGISTRAR

SUPPLEMENTARY

CAUSE OF DEATH IN THIS STATE MAY BE PROVED BY CERTIFICATE OF DEATH IN ANY STATE

RECORDED BY LAW FOR CERTIFICATE OF DEATH

S-20411