

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

Do not use this space.

24440

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Deaconess Hospital) St. Ward) Registered No. 5798

2. FULL NAME

Magdalena Rath
(a) Residence, No. 7061 Waterman St., 4 Ward. University City
(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>7</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gottlieb Rath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HW</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

FATHER 13. NAME F. Lepler

FATHER 14. BIRTHPLACE (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Magdelina Haesi

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

17. INFORMANT Lena Rath
(ADDRESS) 7061 Waterman - U. City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cnty DATE 7/31 1933

19. UNDERTAKER Louis Bopp
(ADDRESS) Huberwood

20. FILED L-3 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1933

22. I HEREBY CERTIFY, that I attended deceased from work in 1933, to July 1, 1933
I last saw h. or alive on June 30, 1933 Death is said to have occurred on the date stated above, at 4:09 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset
Cerebral Hemiplegia Right side
Hypertension
Chronic Myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) L. H. Thompson, M. D.
(Address) 203 Beaumont Bldg

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.

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

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Mr. J. J. ...