

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

Do not use this space.

38463-a

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis Mo. (No. 3669 Lierman Ave)..... St. Ward).....

File No.
 Registered No. 10126

2. FULL NAME

Joseph Ratzer
 (a) Residence, No. 3669 Lierman Ave 15 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 Sophie Spanholtz Steffe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September, 14, 1898

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
52	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
 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)..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME ----- Ratzer

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Sophie Ratzer
3669 Lierman Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 11-24-33

19. UNDERTAKER (ADDRESS) 4356 Lindell

20. FILED 24 1933 19 J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28th, 1933, to Nov. 22nd, 1933
 I last saw him alive on 11/21, 1933. Death is said

to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Cardiac Decompensation
131
930
160
 Other contributory causes of importance:
Chronic pyelonephritis
Chronic Nephritis

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify.....
 (Signed) P. M. Gueh, M. D.
 (Address) 3402 California

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.

3 1008

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V. S. NO. 2

