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.

MAR 12 1936

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

Do not use this space.

8362

File No. 2043

Registered No.

1. PLACE OF DEATH

County

Township

City ST. LOUIS Mo. (No. 514 Arlington St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME ANNIE RATHMANN

(a) Residence, No. 514 WILMINGTON St., 1 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: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ~~DIVO~~ WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 3. 1866

7. AGE: YEARS 69 MONTHS 11 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) ~~ST. CHARLES Mo.~~ ALTON, ILL.

FATHER

13. NAME ANTON SCHWARTZBACH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME ELIZABETH FALSTICH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST CHARLES Mo.

17. INFORMANT ELIZABETH TATUM
(ADDRESS) 514 WILMINGTON

18. BURIAL, CREMATION, OR REMOVAL
PLACE ALTON, ILL DATE 2-5 1936

19. UNDERTAKER ALBERT H. HOPPE INC
(ADDRESS) 429 N. EUCLID.

20. FILED FEB 24 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3rd 1936 to Feb. 24th 1936

I last saw her alive on Feb. 23rd 1936 Death is said to have occurred on the date stated above, at 8-15 A.m.

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

	Date of onset
Apoplexy, from Cerebral Haemorrhage	Jan. 3rd 1936

Other contributory causes of importance:

Name of operation none 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J. W. Smith, M. D.

(Address) 420 Wilmington Ave.

MAY 27 1949