

DEC 3 1936

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

Do not use this space.

42711

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, (No. St. Anthony's Hospital)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **11219**
Registered No.
St. Ward)

2. FULL NAME Harry Rathgeber,

(a) Residence, No. 5416 Eichelberger Ave. 2 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 Elizabeth Rathgeber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 1 29

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Policeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Met. Police
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

13. NAME Frank Rathgeber

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

15. MAIDEN NAME Louisa Etz

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

17. INFORMANT Mrs. Harry Rathgeber (ADDRESS) 5416 Eichelberger Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New SSPeter & Paul DATE Nov. 13, 1936

19. UNDERTAKER Wacker-Welderle (ADDRESS) 2331 S Broadway

20. FILED NOV 12 1936 J. Buchek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above at 4:20 P.M.

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

Fracture of Skull.
Fractures of Spine.
Fractures of Ribs - both sides.
Fractured Clavicle - Right Side.

(Other contributory causes of importance):

(Accident)
Collision between two Automobiles (Deceased one of them)

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 11/9/36

Where did injury occur? St. Louis 710 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto Accident
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Harold Gehrig M.D.
Super
(Address).....

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.

