

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

Do not use this space.

MAR 5 - 1937
PLACE OF DEATH

**791
1003**

File No. **8160**
1608
Registered No. _____
St. _____ Ward _____

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **4650 Alexander St.**) St. _____ Ward _____

2. FULL NAME **Christina Rathheim**
(a) Residence, No. **4650 Alexander** St., **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 **Female** 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 **Jacob Rathheim**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 24th. 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 **0** **6**

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. Louis, Mo.**

13. NAME **Phillip Saum**

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

15. MAIDEN NAME **Agnes Koecher**

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

17. INFORMANT **Joseph Rathheim** (ADDRESS) **4650 Alexander St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter & Paul** Feb. 1st. 1937

19. UNDERTAKER **Wacker-Helderle** (ADDRESS) **2331 S. Broadway**

20. FILED **FEB 5 - 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30th. 1937**

22. I HEREBY CERTIFY That I attended deceased from **April 26** 1936 to **January 20** 1937. I last saw her alive on **January 29** 1937. Death is said to have occurred on the date stated above, at **5 A.M.**
The principal cause of death and related causes of importance were as follows:

Alumetia proeosa
non-vascular
myary

Date of onset **11.26.36**

Other contributory causes of importance: **44**

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) **Chas. H. Hensley**, M. D.
(Address) **3232 Lafayette**

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.

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