

SEP 10 1937

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

Do not use this space.

28995

1. PLACE OF DEATH

County

Registration District No.

791
1003

Township

Primary Registration District No.

City

St. Louis Mo (No. *St. Louis City* *Group #1*)

File No.

Registered No.

7628

St.

Ward)

2. FULL NAME

JOHN JR. RATH

(a) Residence, No.

4437 N. 20th ST.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

8 yrs. 3 mos. 24 d.

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)

SINGLE

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

SINGLE

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

APRIL 17, 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs
or hrs

8

3

24

OCCUPATION

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

Student

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
MISSOURI

13. NAME

JOHN RATH

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MODLING
AUSTRIA

15. MAIDEN NAME

ELGA MARON

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)UNKNOWN
POLAND17. INFORMANT
(ADDRESS)M.R. JOHN RATH
4437 N. 20th ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE NEW BETHL EHEM DATE FRI. AUG 13, 1937

19. UNDERTAKER
(ADDRESS)E. J. Bredeck
3934 N. 20th St.

20. FILED

AUG 1 2 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 11:35 a.m.

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

Fractured skull hemorrhage of brain
effusion when struck by wheel
truck backing into loading
platform in rear of post office
at 2100 East Grand Avenue

Date of onset

Other contributory causes of importance:

U.S. truck No. 19374 driven by
one Anthony Bielicki

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 8/11, 1937Where did injury occur? *St. Louis Mo*
(Specify city or town, county, and State)

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

Manner of injury *Public place*Nature of injury *fractured skull*

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

If so, specify *Alfred J. Perry M. D.*(Signed) *Alfred J. Perry* (Address) *Deputy Coroner*

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

MARGIN RESERVED FOR BINDING

V. S. No. 2
50M-22-36
I X391A

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.

