

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5128
Do not use this space.

MAR 14 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **1943 St. Louis Ave.** Registered No. **1773**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Henry Ratermann
 (a) Residence, No. **1943 St. Louis Ave.** St. **26**
 (Usual place of abode, if no street address, write county or city) (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 **Widowed**
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Kate Katherine Ratermann**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 20 1846**

7. AGE YEARS **91** MONTHS **9** DAYS **29** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Contractor**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **Herma n Ratermann**

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

MOTHER 15. MAIDEN NAME **Adelheit Schmitt**

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

17. INFORMANT **Geo. Ratermann**
 (ADDRESS) **1943 St. Louis Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem** DATE **Feb. 21 1938**

19. FUNERAL DIRECTOR **H. J. Leidner Mutt. Co**
 (ADDRESS) **1447 N. Market St**

20. FILED **558 19 1938** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-18-38**

I HEREBY CERTIFY that I attended deceased from **Dec 27** to **Feb 18 38**

I last saw him alive on **Feb 18 1938** Death is said to have occurred on the date stated above, at **11:30 a.m.**

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

Acute Dehydration that caused by pneumonia 2/16/38
Myocardial Infarction, 2/12/38
unspecified

Other contributory causes of importance: **Senility 109**

Name of operation **no** 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 **STRIKES & L**
 (Signed) **Ed. J. Grogan**, M. D.
 (Address) **1875 Madison**

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice/No.....
working under my personal supervision.

Signed

Calvin P. Smith
..... 2927
Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)