

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied.

1939 ~~DEAD~~ MAR 2 1939

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

7875
Do not use this space.

1. PLACE OF DEATH

(a) County..... St. Louis 3 Registration District No. 284
(b) Township..... Normandy Primary Registration District No. 200
(c) City or ~~City~~ University-City (d) Street No. 6322 Ridge Ave Wellston, Mo. Registered No. 384
(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 ERNST RATHER

(a) Residence, No. 1814 So. Jefferson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 28, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 1 3-1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. str. car conductor
9. Industry or business in which work was done, as saw mill, bank, etc. or
10. Date deceased last worked at this occupation (month and year) March 1, 1939
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN)..... ST. LOUIS, MO.
(STATE OR COUNTRY)

13. NAME ERNST RATHER

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

15. MAIDEN NAME ELIZA RODEMEYER

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

17. INFORMANT (ADDRESS) Victor J. Rather
3744 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery DATE March 4, 1939

19. FUNERAL DIRECTOR (NAME) OSCAR J. HOFFMISTER
(ADDRESS) 4016 Chipewa St.

20. FILED MAR 2 1939
G. B. Miley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1939

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:40 AM PM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
5/1/39
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis history Was there an autopsy? NO

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? NO
If so, specify.....
(Signed) John S. Hull M. D.
(Address) Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.