

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. _____

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether _____)
In this community 29 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town University City NR
(If outside city or town limits, write "RURAL")
(d) Street No. 6542 Corbitt
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1940 hour 2:30 minute A M.
21. I hereby certify that I attended the deceased from Oct-1939
_____ 19____ to Sept 24 1940
that I last saw her alive on Sept 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
acute myocardial infarction 8 hrs
Due to Pneumonia - acute 8 hrs
Due to Rupture of colon 8 hrs
Other conditions Calentia from quatern Oct 1939
(Include pregnancy within 3 months of death)
Major findings: For Rupture of sigmoid
Of operations removal of Co. of sigmoid colon.
Of autopsy Rupture of bowel distal to colonotomy

Duration
8 hrs
8 hrs
8 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Alfreda Rathert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Edward Rathert 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 30 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 5 25 hr. 2 min.

9. Birthplace Pilot Knob Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Mallon

13. Birthplace Prussia
(City, town, or county) (State or foreign country)

14. Maiden name Anna Weber

15. Birthplace Pilot Knob Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Rathert
(b) Address 6542 Corbitt

17. (a) Burial (b) Date thereof Sept 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home
(b) Address 1936 St Louis Ave

19. SEP 26 1940 (Date certified) (a) J. D. [Signature] (b) _____ (Signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

20. While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 4952 [Address] Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

39° District

Board

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.....

..... Max Warfel Registered Apprentice No. 215
working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address: 1936 St. Louis

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.