

FILED APR 17 1942 91

1003

Registration District No. Primary Registration District No.

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 De Paul Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ANTOINETTE E. RATERMANN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Ratermann.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 16. 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>20</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Charles Welsch

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

14. Maiden name Mary Mennemeyer

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Ratermann

(b) Address 4438 Holly Ave.

17. (a) Burial (b) Date thereof 4/9/10
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) APR 7 1942 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9-19

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 4438 Holly Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from March 20 to April 6, 1942
that I last saw him alive on April 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia

Due to Chronic Cardio-vascular renal disease

Due to _____

Other conditions 12/1
(Include pregnancy within 3 months of death)

Major findings: 12/1
Of operations _____

Of autopsy _____

Duration
<u>24 hrs</u>
<u>3 yrs</u>
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Specify type of place)

(e) Means of injury D.

23. Signature [Signature] (M. D. or other) _____

Address 4957 Maryland Date signed 4-7-42

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

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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

Frank A. Moore

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Main*

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, fact should be so stated above.