S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9109

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3352

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. Anthony Hospital
(If not in hospital or institution, write street number or location) b
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2 wks.
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay NR
(If outside city or town limits, write "RURAL")
(d) Street No. 8509 Idaho ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Ellen Rathmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January (Month) 17 (Day) 1886 (Year)

8. AGE: Years 56 Months 2 Days 26 If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Joseph Moylan
13. Birthplace Canada (City, town, or country) (State or foreign country) L

MOTHER
14. Maiden name Unknown Hinrich
15. Birthplace Missouri (City, town, or country) (State or foreign country) O

16. (a) Informant Charles Rathmann
(b) Address 8509 Idaho ave, Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister M.D.
(b) Address 7814 S. Broadway

19. (a) APR 14 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1942 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from apr 1, 1942, to apr 13, 1942, that I last saw her alive on apr 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Coma	
Due to (a)	
Due to (b)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Hysterectomy 4-6-42	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury O

23. Signature Charles Chears (M. D. or other) MD
Address 7602 S Broadway Date signed 4-14-42

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister

Licensed Embalmer No. 3821

P. O. Address 7814 S. Broadway

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.