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23036
6238

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 6 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23036
Registrar's No. 6238

Registration District No. Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1220
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 N. 22nd. St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Raddatz
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 Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive 26th. years (Year)
7. Birth date of deceased Aug. (Month) 26th. (Day) 1868 (Year)

8. AGE: Years 73 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Housework

MOTHER FATHER {
12. Name John Raddatz
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Fredericka Streu
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Augusta Raddatz
(b) Address 3016 N. 22nd. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JUL 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22, year 1942 hour 11:01 minute P. M.
21. I hereby certify that I attended the deceased from July 20, 19 42 to July 22, 19 42
that I last saw h. er. alive on July 22, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) M

Major findings: Of operations.....
Of autopsy Before d.
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) (r) Means of injury 0
23. Signature Dom. Petersen (M. D. or other) 7/23/42
Address 1515 Lafayette Ave. Date signed

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 *Homer L. Ponder*.....

Licensed Embalmer No. *3367*.....

P. O. Address *223 St. Louis ave*.....

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.