

FILED FEB 4 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

913

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 yrs. 3 ds.
In this community about 61 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11
(d) Street No. City Infirmary 913
former res. 3123 Oregon Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

SELMA RATH

3. (b) If veteran, name war
-

3. (c) Social Security No.
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4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Adolph Rath 6. (c) Age of husband or wife if alive, years about 1858
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 84 Months Days If less than one day hr. min.

9. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant L. Leggen day

(b) Address

17. (a) Anatomical Corp (b) Date thereof 1-5-43
(Date received local registrar) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Rubin

(b) Address 5300 Arsenal

19. (a) 20 1943 (b) J. Beebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1942 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-42 19... to 12-29-42 19...
that I last saw her alive on 12-29-42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Myocardial degeneration
De'tox. (onset 2-18-35)

Due to None
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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
23. Signature Anthony K. Bunch (M. D. or other) D
Address 5300 Arsenal Date signed 1/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, fact should be so stated above.