

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19951

State File No.

Registrar's No.

5833 ✓

FILED JUL 8 1943 818

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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:
Missouri Pacific Hospital
 (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 John Henry Ratje

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eva Martha Ratje 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased December 16 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 9 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Missouri Pacific R. R.

12. Name August Ratje
 13. Birthplace Morgan County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Dittmar
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Eva Martha Ratje
 (b) Address Smithton, Missouri
 17. (a) Burial (b) Date thereof 6/26/43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Smithton, Missouri
 18. (a) Signature of funeral director Albert H. Hoppe, Inc
 (b) Address 4700 Washington Blvd.
 19. (a) JUN 26 1943 (b) J. F. Bradack
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Smithton
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
 year 1943 hour 4:07 minute P M.

21. I hereby certify that I attended the deceased from
 19 to 19;
 that I last saw him alive on 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infarct
 Due to Coronary Sclerosis

Due to Pulmonary Embolism
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 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?

While at work? (Specify type of place) (e) Means of injury
 Signature Thomas F. Callahan (If by another)
 Address Deputy Coroner Date signed 6-26-43

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

MOTHER FATHER

NOV 24 1943

DEC 9 1943

JUN 19 1944

JUL 8 - 1943

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.....

J. Allen Davis

Licensed Embalmer No. *1053*

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.