

FILED JAN 3 1944

Registration District No. 319

Primary Registration District No. 2002

Registrar's No. 2941

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Christian Old People's Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Avenue.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry A. Rath

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Julia E. Rath alive \_\_\_\_\_ years

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

7. Birth date of deceased September 8, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 3 17 hr. \_\_\_\_\_ min.

9. Birthplace Brooklyn New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business Retired 10 years

12. Name Louis C. Rath

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

14. Maiden name Emily Simpson

15. Birthplace Atlanta Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis G. Rath

(b) Address Greve Couer, Missouri.

17. (a) Burial (b) Date thereof Dec 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) DEC 29 1943 (b) E. J. Mc Corman, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25, 1943  
year 11 hour 45 minute A M.

21. I hereby certify that I attended the deceased from Dec. 20 '43 to Dec. 25, 1943  
that I last saw him alive on Dec. 24 and that death occurred on the date and hour stated above.

Immediate cause of death Central Apoplexy Duration 2.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy gvt

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 E. J. Mc Corman (M. D. or other)

Address 607 N. Grand St. Date signed 12-27-43

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

1136

96  
5

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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..... *John Gonoshw* .....

Licensed Embalmer No. *3398* .....

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.