

FILED JAN 20 1944 818

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 123

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2703a Keokuk
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2703a Keokuk
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rethemeyer, August Fred

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Uetrecht 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 5 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 28 hr. min.

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

10. Usual occupation Pres. Rethemeyer Coffee Co.

11. Industry or business Wholesaler of Coffee & Spice

12. Name Fred Rethemeyer

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

14. Maiden name Louise Horstmann

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

16. (a) Informant Mrs. Louise Rethemeyer

(b) Address 2703a Keokuk

17. (a) Burial (b) Date thereof Jan. 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Reiderwieden F.H., Inc.

(b) Address 1936 St. Louis Ave. St. Louis, Mo.

19. (a) JAN 6 1944 (b) J. F. Breder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
 year 44 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from October 12 1940 to January 2 1944
 that I last saw him alive on January 2 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral apoplexy. Duration 2 day.

Due to General Arterio Sclerosis. 3 yrs.

Due to Myocardium Heart Disease

Other conditions L.H. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 _____

23. Signature Julius Chas. Ratter (M. D. or other) M.D.

Address 2603 S. Kerber St. Date signed 1/3/44

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.....

3497

1936 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.