

FILED FEB 18 1944

Registration District No. 818

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6620 Michigan Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6620 Michigan Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Fred C. Rathert

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

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

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

7. Birth date of deceased Sept. 19 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Day 19 ~~28~~  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Beer Bottler

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred Rathert

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Wm. Ahrens

(b) Address 6620 Michigan Ave.

17. (a) Burial (b) Date thereof 2-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director J. P. Fendler Jr. Fun. Home

(b) Address 7128 Michigan Ave.

19. (a) Feb 11 1944 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th.  
year 1944 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 7th 1944 to Feb 8th 1944  
that I last saw him alive on Feb 5th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack  
Probably Coronary Occlusion  
Due to note: 1/2 - had depression attack followed by attacks angina  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PH

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? \_\_\_\_\_

23. Signature J. J. Baney M.D. (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (or) Means of injury \_\_\_\_\_  
Address 6632 Mich. Ave. Date signed \_\_\_\_\_  
St. Louis Mo

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

6651 MICHIGAN AVE.

**STATEMENT BY LICENSED EMBALMER**

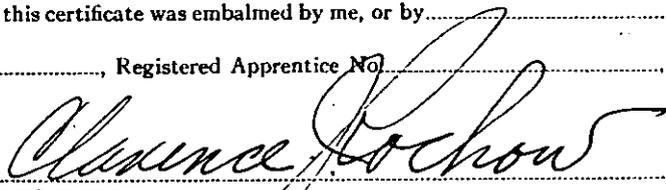
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Clarence J. Rochow

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3093

P. O. Address 7128 Michigan 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.**