

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26066

FILED AUG 24 1945
318

State File No.

Registration District No. 1005

Registrar's No. 7234

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: Alexian Brothers Hospital 1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3424 Indiana 924
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Rethemeyer

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th.
year 1945 hour 4 minute 45 A.M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Dec. 1st. 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3 1944 to August 17 1945
that I last saw him alive on August 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

<u>73</u>	<u>8</u>	<u>16</u>	hr. _____ min.
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Duration

1 year

Due to Chronic Myocarditis

Due to Arterio Sclerosis

Other conditions Chronic Nephritis none

(Include pregnancy within 3 months of death)

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

10. Usual occupation Ret. Coal Dealer

Major findings

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Frederick Rethemeyer

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

14. Maiden name Mary Lemkuhl

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

16. (a) Informant Ben Rethemeyer

(b) Address 1711 No. Broadway

17. (a) Burial (b) Date thereof 8-20-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews

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) _____ (Specify type of injury)

23. Signature Julius Charles Keller (M.D. or other) M.D.
Address 2603 Cherokee St Date signed 8/17/45

18. (a) Signature of funeral director J. F. Buleck
(b) Address 3013 Meramec

19. (a) AUG 18 1945 (b) J. F. Buleck
(Date received local registrar's certificate) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

10
17
4

MT-101111R
2603 A CHEROKEE
PR 3636

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 Francis Williamson
Licensed Embalmer No. 3565
P. O. Address St Louis, Mo.

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.