S. No. 2
OM—2-43
v. 5-17-39
1 X35627

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32289

FILED NOV 1 0 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9450

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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: 2108 GEYER AV. (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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 23 17
(d) Street No. 2108 GEYER AV. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. 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 MAR.

6. (b) Name of husband or wife ANNIE RATHERT

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased MARCH (Month) 19 (Day) 1866 (Year)

8. AGE: Years 79 Months 7 Days 11 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name WILLIAM RATHERT
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH BAKER
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Annie Rathert
(b) Address 2108 Geyer Av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov 2 1945 (Month) (Day) (Year)
(c) Place: burial or cremation MT. Lebanon Cem.

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette av.

19. (a) NOV 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1945 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 3/16/38 to Oct 30 1945 that I last saw him alive on Oct. 30 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	few hours.
Due to: Cardio-vascular renal Syndrome @ & hypertension	about 8 yrs.
Due to:	
Other conditions (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) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 3804 Wellington Dr Date signed 10/21/49

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St. Louis M

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.