V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 811

FILED JAN 21 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 77

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2805 Arsenal St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2805 Arsenal St
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH RATHOUZ

3. (b) If veteran, name war

3. (c) Social Security No. 492-22-4086

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine Rathouz

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 19 1889 (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business

FATHER
12. Name ? Rathouz
13. Birthplace Bohemia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) X (State or foreign country)

16. (a) Informant Frank Rathouz
(b) Address 2746 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 46 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S.PETER & PAUL

18. (a) Signature of funeral director Thoeutes & Son
(b) Address 2906 Gravois Ave.

19. (a) JAN 4 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1946 hour ~~10~~ 12 M. minute 3 58 M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Hemorrhage of brain
Due to Crushing wound of Scalp. Fell
reflected as to home 28.00-7
Due to Arsenal St on Jan 3rd 1946
Light-time. Unknown
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident
(b) Date of occurrence Jan 3 1946
(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 (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

3002

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 Leo J. Budde

Licensed Embalmer No. 3989

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.