

FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

21331

State File No.

Registrar's No.

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Karen Antonia Rethemeyer

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased March 20 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 12 hr. min.

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER

12. Name John Rethemeyer

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

14. Maiden name Olivia Fallbeck

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

16. (a) Informant John Rethemeyer

(b) Address Berger, Mo.

17. (a) Burial (b) Date thereof 6-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger, Mo.

18. (a) Signature of funeral director Paul Blumer

(b) Address Berger, Mo.

19. (a) 6-4-46 (b) E. J. McDevaney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from May 19 1946 to June 2 1946
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Pneumonia

Due to.....
Due to..... 159

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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) (c) Means of injury.....

23. Signature J. Wistar White (M. D. or other)
Address 4500 Olive St. St. Louis Date signed 6/3/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

86
3

1000000

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..... *Elmer R. Paulwell*

Licensed Embalmer No. *4077*

P. O. Address.....

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.