

S. No. 2
M-12-45
v. 5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26390

State File No. _____

FILED JUL 25 1947
Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1544

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8509 Idaho
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay 2
(If outside city or town limits, write "RURAL")

(d) Street No. 8509 Idaho 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES H. RATHMANN

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. 492-03-5835

20. DATE OF DEATH: Month July day 17th
year 1947 hour I minute _____ P. M.

4. Sex Male 0

5. Color or race White

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

21. I hereby certify that I attended the deceased from 7-24-47 to 7-17-47 1947
that I last saw him alive on 7-17-47 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Ellen

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

Immediate cause of death Widow Duration _____

7. Birth date of deceased September 13, 1884
(Month) (Day) (Year)

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

Due to 61

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Pressman

Major findings: Of operations _____

11. Industry or business Printing

Of autopsy _____

12. Name Henry Rathmann

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Unknown

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

16. (a) Informant Walter Rathmann (Son)

(b) Address 8509 Idaho

17. (a) Burial (b) Date thereof 7/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co

(b) Address 7814 South Broadway

19. (a) 7-18-47 (b) Charles H. Rathmann
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Walter Rathmann (M. D. or other) _____
Address 8509 Idaho Date signed 7/17/47

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

1-26-47
C.H.S.Y.

MAY 21 1948

JUL 29 1948

JUL 25 1947

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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address

7814 S. Broadway

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.