FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21249

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5397

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 3853 Lindell Ct (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
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3853 Lindell Ct (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lester A. Rathert
3. (b) If veteran, name war World War #1
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna M. Rathert
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased August (Month) 20 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
53	9	22	hr. min.

9. Birthplace Red Bud Ill (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business Self
MOTHER FATHER
12. Name Fred Rathert
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Emma Ratz
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Edna M. Rathert
(b) Address 3853 Lindell Ct
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial park cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) JUN 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June 12 day
year 1948 hour 9. minute 30 A. M.
21. I hereby certify that I attended the deceased from November 19 1947 to June 12, 1948 that I last saw him alive on June 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic carcinoma	8 mos.
Due to Carcinoma of Rectum	2½ yrs.
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature [illegible] (M. D. or other) M.D.
Address 3202 University Date signed 6/14/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

12 Noon Wednesday

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 Ralph C. Lindus

Licensed Embalmer No. 4275

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.