

FILED DEC 2 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St Louis Missouri
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1853 S 11th Street
(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)

3. (a) PRINT FULL NAME Katherine Rathman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Christ
6. (c) Age of husband or wife if alive years 18 1865
7. Birth date of deceased May 18 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Phillip Otto
13. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Angeline Bufeda
15. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Tonella
(b) Address 1853 S 11th Street

17. (a) Burial (b) Date thereof 11/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul Cem

18. (a) Signature of funeral director Wm E. M...
(b) Address 1926 Allen Av

19. (a) NOV 21 1948 (b) J. B. Lester
(Date received local registrar) (Registrar's signature)

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. 1853 S 11th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 19
year 1948 hour 6.20 minute P. M.

21. I hereby certify that I attended the deceased from June 23 1948 to Nov 19 1948
that I last saw her alive on Nov 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Due to Chronic Nephritis
Due to Arteriosclerosis

Duration

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)
(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 L. E. Mueller (M. D. or other)
Address 3537 S. Jefferson Date signed 11/20/48

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Benny E. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 allen

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.