

STANDARD CERTIFICATE OF DEATH

State File No. 3227
Registrar's No. 0779

FILED FEB 14 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION 2814 Michigan Av.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS (If rural, give location) 16 2814 Michigan Av.

3. NAME OF DECEASED
(Type or Print)
a. (First) John
b. (Middle) Rathouz
c. (Last)

4. DATE OF DEATH
(Month) (Day) (Year)
1 24 52

5. SEX 0
Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH Aug. 6 - 1870

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Czechoslovakia 6

12. CITIZEN OF WHAT COUNTRY?
Us.

13a. FATHER'S NAME
William Rathouz

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Agnes (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Adolph Diaz 2814 Michigan Av.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Emphysema
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
4222

22. I hereby certify that I attended the deceased from 10-15, 1951, to 1-24, 1952, that I last saw the deceased alive on 1-29, 1952, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE John D. Bertl (Degree or title)

23b. ADDRESS 2840 California

23c. DATE SIGNED 1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE 1-28-52

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JAN 25 1952

REGISTRAR'S SIGNATURE Paul Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Moydell Funeral Home 1926 Allen Av.

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

m/93.

(Licensed Embalmer's Statement on Reverse Side)

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

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed Dale A. Hannan

Licensed Embalmer No. 4533

P. O. Address Spring Mt

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.