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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18968

FILED MAY 27 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1298

1. PLACE OF DEATH
a. COUNTY ~~[illegible]~~ St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LeMay
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 862 CATSKILL DRIVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LeMay 4861
d. STREET ADDRESS (If rural, give location) 862 CATSKILL DRIVE

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

4. DATE OF DEATH (Month) (Day) (Year) May 16 - 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH Nov 12 - 1859
9. AGE (In years last birthday) 92 — 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) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country) GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN SAENGER
13b. MOTHER'S MAIDEN NAME ELIZABETH FLUKE
14. NAME OF HUSBAND OR WIFE HERMAN RATERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ANNA SCHWEITZER **ADDRESS** 862 CATSKILL DR.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — Interval between onset and death: 5/8/52 to 5/16/52

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypostatic (Terminal) Pneumonia — 5/13/52 to 5/16/52

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332X
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?

22. *I hereby certify that I attended the deceased from* April 28, 1952, *to* May 16, 1952, *that I last saw the deceased alive on* May 16, 1952, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE R. Paul Hilbert M.D. (Degree or title)
23b. ADDRESS 2905 Cherokee St. Louis
23c. DATE SIGNED 5/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 19 - 1952
24c. NAME OF CEMETERY OR CREMATORY SS PETER & PAUL
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO

DATE REC'D BY LOCAL REG. 5-17-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis **ADDRESS** 2906 Gravois

SW (Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Henry C Dill

Licensed Embalmer No. 4347 G

P. O. Address 2906 Harris

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.