

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22525**  
Registrar's No. **5279**

S. No. 300  
Ev. 10.48

**REC'D JUN 27 1952**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|   |  |  |   |   |   |
|---|--|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place)  | c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2169</b>   |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>  |  |  | d. STREET ADDRESS (If rural, give location) <b>16 4101a Juniata St.</b>   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JEAN</b>   |  | b. (Middle) <b>L.</b>  | c. (Last) <b>RATHGEBER</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 9 1952</b>                         |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>November--1909</b>  | 9. AGE (In years last birthday) <b>42</b>                 | IF UNDER 1 YEAR<br>Months<br>Days   |
| IF UNDER 24 HRS.<br>Hours<br>Mins.  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country) <b>Nebraska</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?  |  | 13a. FATHER'S NAME <b>Robert Uhlig</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Mabel Hall</b>               | 14. NAME OF HUSBAND OR WIFE <b>Ernest Rathgeber</b>                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Ernest Rathgeber 4101a Juniata St.</b>   |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute bronchopneumonia (Type undetermined)</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Epilepsy, Idiopathic</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b> |   |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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)  |   | 21f. HOW DID INJURY OCCUR?<br><b>491X</b>                 |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>       | 22. I hereby certify that I attended the deceased from <b>Nov. 1, 1951</b> , to <b>June 9, 1952</b> , that I last saw the deceased alive on <b>June 8, 1952</b> , and that death occurred at <b>12:55A</b> m., from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE (Degree or title)<br><b>Hiram L. Leggett M.D.</b>  |  | 23b. ADDRESS<br><b>3720 Washington Blvd.</b>   |   | 23c. DATE SIGNED<br><b>6/9/52</b>                         |   |
| 24a. BURIAL: CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 24b. DATE<br><b>June 11, 1952</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b>   | 24d. LOCATION (City, town; or county) (State)<br><b>St. Louis Co. Mo.</b>   |   |   |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><b>JUN 9 1952</b>  | REGISTRAR'S SIGNATURE<br><b>Carl Smith</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway Bl.</b>   |   |   |   |

**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 William C. White

Licensed Embalmer No. 4291

P. O. Address 4220 E. Kings Highway

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.