

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6210**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo**
 c. LENGTH OF STAY (In this place) **3 yrs, 4 mo, 17 days**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo**
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **City Infirmiry Hospital**
 d. STREET ADDRESS (If rural, give location) **19 4527 Forest Park**

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

3. NAME OF DECEASED
 a. (First) **Elsie** b. (Middle) _____ c. (Last) **Rathke**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
6 29 52

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced 3**
 8. DATE OF BIRTH **Oct 13 1876** 9. AGE (In years last birthday) **75**
 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 12 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSE WORK**
 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME**
 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo**
 12. CITIZEN OF WHAT COUNTRY? **U**

13a. FATHER'S NAME **William C** 13b. MOTHER'S MAIDEN NAME **Wilhelmina Apple (Dewer)** 14. NAME OF HUSBAND OR WIFE _____

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 **city Infirmiry Records** ADDRESS **5600 Arsenal St**

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) **Arteriosclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH **4 years**
 ANTECEDENT CAUSES **Generalized Arteriosclerosis** **4 years**
 Morbid 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.

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **2/2**, 19 **49**, to **6/29**, 19 **52**, that I last saw the deceased alive on **6/29**, 19 **52**, and that death occurred at **3:35 PM** m., from the causes and on the date stated above.

23a. SIGNATURE **George Fisher M.D.** (Degree or title) **0** 23b. ADDRESS **5600 Arsenal** 23c. DATE SIGNED **6/29/52**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Interment** 24b. DATE **7-2-52** 24c. NAME OF CEMETERY OR CREMATORY **St. Pauls Evn. Cemetery** 24d. LOCATION (City, town, or county) (State) **Cape Coeur Mo**

DATE REC'D BY LOCAL REG. **JUL 1 1952** REGISTRAR'S SIGNATURE **Carl Smith M.D.** FUNERAL DIRECTOR'S SIGNATURE **Carl Hellemann** ADDRESS **Overland Mo**
 (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

Earl Hillman

Licensed Embalmer No.

3501

P. O. Address

Overland 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.