

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4009

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

XC- UNKNOWN  
Reg. No. 105,471  
BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2787

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>CLINTON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>23 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BREESE</b>		8120 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vets. Adm. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>NONE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>PAUL</b>		b. (Middle) <b>F.</b>	c. (Last) <b>RATERMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 26, 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>7-6-1928</b>	9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SOLDIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>USA SOLDIER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BREESE, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JOSEPH F. RATERMAN</b>		13b. MOTHER'S MAIDEN NAME <b>WILHEMIA WOLTING</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>YES</b>		16. SOCIAL SECURITY NO. <b>1-18-52-10-26-52</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>	ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC GLOMERULONEPHRITIS</b>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <b>NONE</b>				
	DUE TO (c) <b>NONE</b>				<b>593X</b>
II. OTHER SIGNIFICANT CONDITIONS + (Conditions contributing to the death but not related to the disease or condition causing death.) <b>NONE</b>					
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE? (Specify) <b>NONE</b>		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>10-3-</u> , 19 <u>52</u> , to <u>10-26-</u> , 19 <u>52</u> , and that death occurred at <u>7:15 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Dr. T. Kaminski</b>		23b. ADDRESS <b>VA HOSP., JEFF. BRKS., MO.</b>		23c. DATE SIGNED <b>10-29-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-29-52</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Breese, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>10-29-52</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Dombke-M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoopes, 4700 Washington Blvd.</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 J. W. M. B. Embler  
Licensed Embalmer No. 3653

P. O. Address St. Louis, 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.