

No. 300  
10-48

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24249 State File No.  
318 1003 Registrar's No. 5931

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN Hosp. 17</u>				e. STREET ADDRESS (If rural, give location) <u>3001 VICTOR</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) _____ c. (Last) <u>RATH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>OCT 29 1887</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>MICHAEL GLATZ</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ANTON RATH (DEC'D)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANCES CHIESSEK 3001 VICTOR</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Fracture of Left Hip</u> ANTECEDENT CAUSES <u>suffered limb</u> DUE TO (a) <u>slipped and fell at home</u> DUE TO (b) <u>on the 27th of June 1955</u> II. OTHER SIGNIFICANT CONDITIONS <u>about 9:30 pm</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION <u>7/9/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>		21f. HOW DID INJURY OCCUR? <u>E9040</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 27 55 9:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>7/8/55</u> 19, to <u>7/9/55</u> 19, that I last saw the deceased alive on <u>7/8/55</u> , 19, and that death occurred at <u>9:30A m.</u> , from the causes and on the date stated above. <u>21</u>			
23a. SIGNATURE <u>James M Kelly Deputy Registrar</u>				23b. ADDRESS <u>1300 Clark 36 W. Grand's</u>		23c. DATE SIGNED <u>7/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>		24b. DATE <u>JULY 11 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE RECD BY LOCAL REG. <u>JUL 9 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Katus 2906 Garou</u>			

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.....  
Signature of Student Embalmer

Signed *Leo J. Burdick*.....  
Licensed Embalmer No. *398*  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.