

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36656**

FILED OCT 24 1956

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 590		Registrar's No. 2337	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN Rural Wellston			c. LENGTH OF STAY (in this place) 2yrs.		c. CITY OR TOWN Clayton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital				e. STREET ADDRESS (If rural, give location) 6377 Wydown			
3. NAME OF DECEASED (Type or Print) a. (First) Nellie			b. (Middle) Niekamp		c. (Last) Rathmann		4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 22, 1984		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 3 Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Niekamp		13b. MOTHER'S MAIDEN NAME Sophia Miller		14. NAME OF HUSBAND OR WIFE Walter Rathmann - deceased.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. Clarence Howard, daughter, 6377 Wydown, Clayton, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, left side					4 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					Years _____
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					Years _____
		DUE TO (b) Arteriosclerotic Heart Disease					
		Generalized Arteriosclerosis					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					6 days
		Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)			
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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 5-4- , 19 54 , to 10-3- , 1956, that I last saw the deceased alive on 10-3- , 19 56 , and that death occurred at 5:12A. , m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. A. Costine			23b. ADDRESS 4100 N. 2407 N. Parkway St. Louis		23c. DATE SIGNED 10-3-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 10-3-56	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 10-3-56	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. 10-3-56		REGISTRAR'S SIGNATURE Herbert B. Donleavy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd.,			

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 *Arnold W. Schreiner*

Licensed Embalmer No. *3864*

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.