

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10923
STATE FILE NUMBER

FILED APR 15 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2889

300
1-56

Health, Welfare Public Service
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Berger 0360		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital			Length of stay in 1b 3 days		d. STREET ADDRESS Main St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Louis Middle Charles Last Rathert				4. DATE OF DEATH Month March Day 24 Year 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 4, 1873		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired owner		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and state or country) Senate Grove, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Adolph Carl Rathert				14. MOTHER'S MAIDEN NAME Louise Baker					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mrs. Louis Rathert, Berger, Mo.				Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute dilatation of stomach								INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Pyloric carcinoma		DUE TO (c)				?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 3/21/57 to 3/24/57 and last saw her/him alive on 3/24/47 Death occurred at 11:55 pm m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Emmiller (Do not use or title) M.D.				22b. ADDRESS 634 N. Grand Blvd.				22c. DATE SIGNED 3/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-25-57		23c. NAME OF CEMETERY OR CREMATORY St. Johns E & R. Cemetery		23d. LOCATION (City, town, or county) (State) Berger, Mo.			
24. FUNERAL DIRECTOR Paul Blumer, Berger, Mo.				25. DATE RECD. BY LOCAL REG. MAR 25 57		26. REGISTRAR'S SIGNATURE Carl Smith MD m 86			

(Licensed Embalmer's Statement on Reverse Side)

St. Louis
 Deaconess Hospital
 3 days
 Charles
 Louis
 White
 Groceries
 U.S.
 U.S.
 U.S.
 U.S.

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 Signed *G. W. Wilkinson*
 Signature of Student Embalmer
 Licensed Embalmer No. *35*
 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.

St. Louis, Berger, No.