

S. No. 300
EV. 10. 48

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46868

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 2943

1. PLACE OF DEATH
a. COUNTY ST. LOUIS.

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

b. CITY OR TOWN ST. LOUIS
c. LENGTH OF STAY (in this place) 11 hours.

c. CITY OR TOWN ELLISVILLE 4000
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC

e. STREET ADDRESS (If rural, give location) 41 MAR-EL COURT

3. NAME OF DECEASED (Type or Print)
a. (First) ALBERT b. (Middle) ERNST c. (Last) RATHERT

4. DATE OF DEATH (Month) (Day) (Year) 11. 25-57

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Jan 30/1898

9. AGE (In years last birthday) 59

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY MACHINIST

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WILLIAM

13b. MOTHER'S MAIDEN NAME PAPE

14. NAME OF HUSBAND OR WIFE MATHILDA

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 MATHILDA (RATHERT)

ADDRESS 41 MAR-EL CT ELLISVILLE MO.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
ANTECEDENT CAUSES
Coronary Occlusion
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Coronary Inefficiency
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

INTERVAL BETWEEN ONSET AND DEATH

6 mo

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?

22. I hereby certify that I attended the deceased from 11/24, 1957, to 11/25, 1957, that I last saw the deceased alive on 11/25, 1957, and that death occurred at 2:04 A.M., from the causes and on the date stated above.

23a. SIGNATURE D. D. Gardner D.O.

23b. ADDRESS 917 Airport Ad.

23c. DATE SIGNED 11/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-27-57

24c. NAME OF CEMETERY OR CREMATORY MT. LEBANON Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 11-25-57

REGISTRAR'S SIGNATURE Herbert B. Donk MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo.

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 *Richard Bopp*.....

Licensed Embalmer No. *4584*

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