

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4036

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 103

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Creve Coeur</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Creve Coeur 7740</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1668a Topping Road</u>  |                                  | Length of stay in lb<br><u>4 yrs.</u>   | d. STREET ADDRESS (If outside, give location)<br><u>1668a Topping Road</u>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><u>CLIFFORD VANCE RATHBUN</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>January 11, 1958</u>  |   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>June 30, 1872</u>   | 9. AGE (In years last birthday)<br><u>85</u>  | IF UNDER 1 YEAR<br>Months Days<br><u>6 11</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Ret. Supt.</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Public Service</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Clayton, Michigan</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |   |
| 13a. FATHER'S NAME<br><u>Clifford Vance Rathbun</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>? unknown</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Stella Smithers Rathbun</u>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, or unknown) (If yes, give war or dates of service)<br><u>Yes Spanish American</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>494-01-0642</u>   | 17. INFORMANT<br>Address<br><u>Mrs. Bert Menke, 1668a Topping Road</u>   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>  |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 days</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  | DUE TO (b) <u>Arteriosclerotic Endic Vas Disease</u>  |  | 4-5 years                                     |   |
|   |                                  | DUE TO (c) <u>4201</u>  |  |   |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                                  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 <u>6/7/57</u> to <u>Jan. 11, 1958</u> and last saw <sup>him</sup> alive on <u>12/31/57</u><br>Death occurred at <u>H.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE<br><u>Earl Brand</u> (Degree or title) <u>MD.</u>  |  | 22b. ADDRESS<br><u>120 E. Lockwood</u>        |   |
| 22c. DATE SIGNED<br><u>1/13/58</u>  |                                  |   |  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Jan 13, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Missouri</u>   |   |   |
| 24. FUNERAL DIRECTOR<br><u>Ambruster Mortuary, 6633 Clayton Rd.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>1-13-58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Herbert P. Donk MD</u>   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health,  
Welfare  
Public  
Service100  
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Doctor, Embalmer, etc., must use only standard form. All diseases in Part I must be causally related.

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: *Fred J. Hammer*

Licensed Embalmer No. *4788*

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.