

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 11 1959

59-030719

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7974** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Mo		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3952 CASTLEMAN		d. STREET ADDRESS (If outside, give location) 3952 CASTLEMAN	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle RATHHEIM Last		4. DATE OF DEATH AUG. 25 1959 Month Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR. 15 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED UPHOLSTERER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 86
11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JACOB RATHHEIM		14. NAME OF HUSBAND OR WIFE MINDAH RATHHEIM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes and/or unknown) (If yes, give war or dates of service) NO		17. INFORMANT ALICE RATHHEIM CASTLEMAN	
16. SOCIAL SECURITY NO. NONE		17. ADDRESS 3952 CASTLEMAN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILURE			INTERVAL BETWEEN ONSET AND DEATH YR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			
DUE TO (c) 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			
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 8/9/59 to 8/24/59 and last saw ^{her} him alive on 8/24/59 Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John A. Reusch M.D.		22b. ADDRESS 4906 Southwest St Louis Mo	22c. DATE SIGNED 8/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 28 1959	23c. NAME OF CEMETERY OR CREMATORY S. J. PETER & PAUL	23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
24. FUNERAL DIRECTOR Thomas Kutis 2906 Garwood		25. DATE RECD. BY LOCAL REG. AUG 27 '59	26. REGISTRAR'S SIGNATURE Paul Smith. M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR 6-5 236

8-5 of Burial

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Star

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.