

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8734** STATE FILE NUMBER

FILED SEP 27 1961

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in lb 3 DAYS	c. CITY OR TOWN ELKville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) P.R.#2
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First OTTO Middle Lewis Last RATH	4. DATE OF DEATH Month Sept Day 19 Year 61
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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 11-27-1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 7 Days 19	IF UNDER 24 HR Hours 19 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER	10b. KIND OF BUSINESS OR INDUSTRY COAL MINES	11. BIRTHPLACE (City and state or country) JACKSON Co, ILL	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME George RATH	13b. MOTHER'S MAIDEN NAME Catherine Bower	14. NAME OF HUSBAND OR WIFE UNKNOWN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Address Mrs Wilma Adams RRA2 ELKville ILL
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebellar vas cerebri accident Occlusion cerebri		INTERVAL BETWEEN ONSET AND DEATH 6 hrs month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) 331XH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension nephroma BL kidney	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
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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.)
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20c. TIME OF INJURY Hour 6 a.m. 17 p.m.	Month, Day, Year Sept 17 - 19/61
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ELKville COUNTY JACKSON STATE ILL
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21. I attended the deceased from **Sept 17 - 19/61** to **Sept 19/61** and last saw her alive on **Sept 18**
Death occurred at **6** **a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Schroeder M.D.	22b. ADDRESS 408 W. Humphreys St. Jackson, Ill	22c. DATE SIGNED 20/Sept/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-21-61	23c. NAME OF CEMETERY OR CREMATORY PARRISH Com.	23d. LOCATION (City, town, or county) VERGENNES TOWNSHIP JACKSON Co ILL
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24. FUNERAL DIRECTOR Schroeder ADDRESS Dr Quoin, ILL	25. DATE RECD. BY LOCAL REG. SEP 20 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 Frank Prokoff

Licensed Embalmer No. 4356

P. O. Address St. Louis, 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.