N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6730

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1581

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis, Mo. (No. 3828, Wisconsin St. ..... Ward)

2. FULL NAME Mr. Arthur Rathert,

(a) Residence, No. 3828 Wisconsin St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lillie Schindler Rathert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 27, 1884

7. AGE: Years 49 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fixture Co.
10. Date deceased last worked at this occupation (month and year) Dec. 31, 1933
11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Christ Rathert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Meibaum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Lillie Rathert 3828 Wisconsin

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE February 14, 1934

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home, Inc. 1936 St. Louis Avenue

20. FILED [illegible] 19 J. F. Brederk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to Feb 11th, 1934 I last saw him alive on Feb 11th, 1934 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	
Primary in the Axilla	7/10/31

Other contributory causes of importance: Metastasis in Lungs

Name of operation — Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify ---

(Signed) H. C. Klopper, M. D.

(Address) 3801 S. Broadway

Dr H C [illegible]
3801 S. Broadway

7-8