

Registration District No. **791**
1003
Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County City of St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Years
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stephen J. Ratican
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Glass Ratican 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec 18 1872
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 25 If less than one day hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Clerk

11. Industry or business _____

12. Name Unknown

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Hannah Desmond (City, town, or county) (State or foreign country)

15. Birthplace Ireland (City, town, or county) (State or foreign country)

18. (a) Informant's own signature Mrs. Leona Ratican

(b) Address 3756 West Florrisant Ave

17. (a) Burial (b) Date thereof 7/15/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JUL 14 1939 (b) _____
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") **9**
(d) Street No. 3756 West Florrisant Ave (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13th
year 1939 hour 3 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on July 13th, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death: Laceration of Duration _____
Medullary, retroperitoneal
hemorrhage, suffered
due to or about July 14 at
City Sanitarium while deceased
was attempting to escape
crashed into a screen
door when the
Other conditions: deceased fell on chair PHYSICIAN _____
(Include pregnancy within 3 months of death)
Major findings: in attempting to
strike attendants
Of operations _____
Of autopsy: Accident

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify) Accident
(b) Date of occurrence July 9 - 1939
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work _____ (Specify type of place) (b) Means of Injury 4
23. Signature Joseph M. Zeban (M. D. or other) _____
Address Deputy Coroner Date signed 7/14

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 x 3511

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.