

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. PLACE OF DEATH:
(a) County 4930 Lindell Blvd.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Parke Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Rath, Mr. Joseph 210
8. (b) If veteran, name war _____
8. (c) Social Security No. 189-01-9207

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Minnie J. Rath 6. (c) Age of husband or wife if alive with years
7. Birth date of deceased August 6 1888
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 383 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business Hill Behan

12. Name Aug Rath

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

14. Maiden name Barbara Boly

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

16. (a) Informant's own signature Minnie J. Rath

(b) Address 2323 Anna on Overland

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

(c) Place: burial or cremation Memorial Cem

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 1509 Garden Overland Mo

19. (a) _____ (Date received local registrar) (b) J. P. ... (Name of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Overland, Mo. (If outside city or town limits, write "RURAL") NR
(d) Street No. 2323 Burns (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14th
year 1939 hour 6 minute a m. M.
21. I hereby certify that I attended the deceased from June 6, 1939, to July 14, 1939;
that I last saw him alive on July 14, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Myocardial infarction
Due to _____
Other conditions (Include pregnancy, within 3 months of death) Myocardial infarction
Major findings: Myocardial infarction
Of operations Myocardial infarction
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. P. ... (Name of registrar)
Address 4930 Lindell Blvd. Date signed 7-14-39

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 Oscar F. Muller

Licensed Embalmer No. 3039

P. O. Address Overland 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 this body is not embalmed, above space should be left blank.