

NOV 13 1939 791
Registration District No. **1000**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2 _____

(b) City or town Saint Louis, Missouri.

(c) Name of hospital or institution: 3242 Missouri Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 1 _____

(c) City or town Saint Louis, Missouri. **34**
(If outside city or town limits, write "RURAL")

(d) Street No. 3242 Missouri Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lissetta Rathert **363**

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife August

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8th. 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>2</u>	<u>22</u>	hr. _____ min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs. Martha Soede

(b) Address 3242 Missouri Ave.

17. (a) Burial (b) Date thereof October 3, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Zigunheim Bros.

(b) Address 2625 Cherokee Street.

19. (a) OCT 2 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30th.
year 1939. hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 10
Aug 10 1939, to Sept 30 1939;
that I last saw him alive on Sept 30 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Duration _____

Due to _____

Due to _____

Other conditions Chronic Bronchial Asthma
(Include pregnancy within 3 months of death)
Arteriosclerosis

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address 3315 S. Jefferson Date signed 10/2/39

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

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.....

..... Juddie A. Ziegenhein., Registered Apprentice No.....
working under my personal supervision.

Signed Juddie A. Ziegenhein
Licensed Embalmer No. 2270.

P. O. Address 2623 Cherokee Street.

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.