

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

**NOV 16 1940** 791  
Registration District No.

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Louise Rath

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. H. Rath 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: September 30, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	0	0	hr. min.

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

10. Usual occupation Housewife

11. Industry or business 9

12. Name George Fuchs

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

14. Maiden name Unknown

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

16. (a) Informant Sub. Card

(b) Address 3925 Humphrey, St. Louis, Mo.

17. (a) Burial (b) Date thereof 10/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director C. Hoffmeister, Inc. & Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) OCT 1 1940 (b) J. D. [Signature]  
(Date received local registrar)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3925 Humphrey Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 30, year 1940 hour 6:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from September 27, 19 40 to September 30, 19 40, that I last saw her alive on September 30, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Vascular Accident</u>	<u>1 week</u>
Due to <u>Hypertension - Essential</u>	<u>10 yrs.</u>
Due to <u>Generalized Arteriosclerosis</u>	<u>10 yrs.</u>
Other conditions <u>Emphysema</u>	<u>4 yrs.</u>

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

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 Harold Friedman MD (M. D. or other)  
Address 1515 Lafayette Ave. Date signed 10/1/40

---

---

**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

*Edwin H. Leibringer*

Licensed Embalmer No.

*4049*

P. O. Address

*6464 Chipman*

**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.**