

No. 2  
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17-39  
X23159

FILED MAR 25 1947 91

Primary Registration District No. 1003

Registrar's No. 1214

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17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 9 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1829 R. Carr St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Linnie Rathel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Willie Rathel 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Feb 1 1900  
(Month) (Day) (Year)

8. AGE: Years 39 Months 1 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Monro La  
(City, town, or county) (State or foreign country)

10. Usual occupation HouseWork

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Pink Royal  
13. Birthplace La  
(City, town, or county) (State or foreign country)  
14. Maiden name Lizzie Williams  
15. Birthplace La  
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Hughes  
(b) Address 23405 Carr St

17. (a) Burial (b) Date thereof Feb 6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes  
(b) Address 2620 Lawton

19. (a) FEB 6 1941 (b) J. W. Hughes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1941 hour 8:20 minute \_\_\_\_\_ A M.

21. I hereby certify that I attended the deceased from January 10 1941 to January 31 41  
that I last saw her alive on January 31 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Parenchymatous Neurosyphilis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

Indef

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 D

23. Signature H. J. Erwin (M. D. or other) \_\_\_\_\_  
Address 2600 Whittier Date signed \_\_\_\_\_

**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.....

*Lyda Hughes*

Licensed Embalmer No. *2938*

P. O. Address *St Louis 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, fact should be so stated above.**