

FILED OCT 28 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8581

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:
5039 Tennessee Avenue /
(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)

3. (a) PRINT FULL NAME CHRIST RATHERT

3. (b) If veteran, name war _____
3. (c) Social Security No. 494-03-0810

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

6. (b) Name of husband or wife Louisa Rathert
6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov. 4, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 20 If less than one day _____
hr. _____ min.

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

10. Usual occupation Chauffeur

11. Industry or business Trucking

12. Name Christ Rathert

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Louisa Rathert

(b) Address 5039 Tennessee Avenue

17. (a) Burial (b) Date thereof Oct. 16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 So. Grand Blvd.

19. (a) OCT 15 1942 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5039 Tennessee Avenue (If rural, give location) 159
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1942 hour 2:35 minute 9 A. M.

21. I hereby certify that I attended the deceased from 6-16
1942 to 8-13 1942
that I last saw him alive on 8-13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas
(Stomach) 33y?
Duration _____

Due to _____

Due to H6

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Cancer of Pancreas
Of operations (Stomach) gall stones
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 J. S. Fine (M. D. or other) J. M. D.
Address 18030 Date signed 8/15/42

Don Payne

1803 Best

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

John Ketter

Licensed Embalmer No.....

3880

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, fact should be so stated above.