

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24755

State File No. _____

FILED AUG 7 1943
OS (St. Louis)

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26

(a) State Missouri (b) County Cole a

(c) City or town Marion, Mo. o
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME Mrs. Catherine Raithel

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 Widow

6. (b) Name of husband or wife Frederick Raithel

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

7. Birth date of deceased Jan 4 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>6</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Hsousewife

11. Industry or business _____

MOTHER FATHER {

12. Name Ulrich Wolfrum

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Buchaa

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Trankel

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-16-1943
(Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorpe Gaden

(b) Address Jefferson City, Missouri

19. (a) 7-12-43 (Date received local registrar) (b) Werner Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day July
year 1943 hour _____ minute 1:55 P.M.

21. I hereby certify that I attended the deceased from July 8 1943 to July 12 1943
that last saw her alive on July 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma Duration 24 hrs

Due to Chronic nephritis

Due to Senility

Other conditions Acute Enterocolitis

Major findings: _____

Of operations _____

Of autopsy 1318

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 _____

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. A. Assmann (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 7/12/43

(Licensed Embalmer's Statement on Reverse Side)

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

56
4

074

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

Louis J. West

Licensed Embalmer No.

4096

P. O. Address

Jefferson City

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.