V. S. No. 2
00M—2-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30302

FILED OCT 13 1943

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 8788

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

1. PLACE OF DEATH:

(a) County

(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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10days 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington 999 11

(c) City or town Nashville N.R.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry K. Rather

3. (b) If veteran, name war None

3. (c) Social Security No. 344-03-9720

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Rather

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased October (Month) 19 (Day) 1897 (Year)

8. AGE: Years 45 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Government Service

FATHER
12. Name Charles Rather
13. Birthplace Nashville (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Arma Telger
15. Birthplace Okawville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Gertrude Rather
(b) Address Nashville, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation Nashville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) OCT 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1943 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from 9-23-43, 19, to 10-3-43, 19;
that I last saw him alive on 10-3-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death severe intestinal hemorrhage due to an eroding duodenal ulcer

Due to see above

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations confirmed the diagnosis as stated above
Of autopsy confirmed the diagnosis as stated above

Duration

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? no injury (Specify type of place)
While at work? (e) Means of injury

23. Signature C. H. [illegible] (M. D. or other)
Address 306 Humboldt Bldg. Date signed 10-4-43

(Licensed Embalmer's Statement on Reverse Side)

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 Ogorocki.....

Licensed Embalmer No.....3398.....

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.