

7. S. No. 2  
DOM-2-43  
Rev. 5-17-39  
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13237

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3491  
Registrar's No.

FILED APR 20 1944

Registration District No. 318 Primary Registration District No. 1003

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: 2801 Chariton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 72 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17/15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2801 Chariton 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Christ Rathert  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 13  
year 1944 hour 11 minute 20 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
(b) Name of husband or wife Mrs. Mary Rathert 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased November 29, 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15, 1944 to May 13, 1944  
that I last saw him alive on April 12, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
81 4 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Septic Regurgitation  
of peritonitis  
Due to \_\_\_\_\_

9. Birthplace Minden Germany 4  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Bricklayer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Henry Rathert  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Seele  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Mrs. Mary Rathert  
(b) Address 2801 Chariton  
17. (a) Burial (b) Date thereof Apr. 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery  
18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St. Avenue  
19. (a) APR 15 1944 (b) J. J. Pender  
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Pender (M. D. or other) MD  
Address 1446 S. Grand Date signed 4/14/44

(Licensed Embalmer's Statement on Reverse Side)

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

99

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

844

Dr. H. B. DePauw

1446 So. Grand

Per 7362

4-8

**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 Julius J. Krispin

Licensed Embalmer No. 34970

P. O. Address 1936 St. Louis

**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.**