

FILED JUL 15 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5985

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4932 Murdoch Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4932 Murdoch
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward Ratz

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Millie Ratz 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased March 31 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation City Employee

11. Industry or business _____

MOTHER FATHER

12. Name John Ratz
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Boller
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Ratz

(b) Address 4932 Murdoch

17. (a) Burial (b) Date thereof 7 5 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co

(b) Address 4228 So. Kingshighway Bl.

19. (a) 5 1944 (b) J. F. Breeseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
 year 1944 hour 3.55 A.M. minute _____ M.

21. I hereby certify that I attended deceased from 7-31-37 to 12-2-44
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial infarction
 Due to _____
 Due to _____

Other conditions: Chronic TB, + arteriosclerosis
(Include progress within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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?

23. Signature [Signature] (M. D. or other) _____
 Address 311 5th Grand Date signed 7/31/44

WRITE PLAINLY—USE UNFADING INK

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.....

Edwin M. Herriott

Licensed Embalmer No..... *3024*

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.