

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 22 1946**  
318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25633

State File No. ....

Registration District No. .... **1003** Primary Registration District No. .... **1003** Registrar's No. .... **6106**

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:  
**3110 N. Jefferson Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... **about 62 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Missouri** (b) County.....  
(c) City or town..... **St. Louis** **20**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **3110 N. Jefferson Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Daniel Rathgeber**  
(b) If veteran, name war..... **no**  
(c) Social Security No. **493-24-460**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **10<sup>th</sup>**  
year **1946** hour **5** minute **15 A.M.**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife..... **Lillie Rathgeber**  
6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased..... **Mar. 14, 1868**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
**June 10, 1946** to **July 10, 1946**  
that I last saw him alive on **July 10, 1946**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**78** **3** **26** hr. min.

Immediate cause of death:  
**Chronic Stenocardia** **59**  
**Nephritis**  
Due to **Chronic Pyococciemia** **15**  
**Arterio sclerosis**  
Due to **Heart Exhaustion**

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

Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

10. Usual occupation..... **Iron worker**  
11. Industry or business.....  
12. Name..... **unknown**  
13. Birthplace..... **unknown** **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **unknown**  
15. Birthplace..... **unknown** **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Lillie Rathgeber**  
(b) Address..... **3110 N. Jefferson**

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.....

17. (a) **burial** (b) Date thereof..... **7-12-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Calvary Cemetery**  
18. (a) Signature of funeral director..... **Richard C. ...**  
(b) Address..... **2228 St. Louis Ave**  
19. (a) **JUL 11 1946** **J. F. Bredeek**  
(Date received by local registrar) (Registrar's signature)

23. Signature..... **E. A. Schweninger** (M. D. or other).....  
Address..... **4470 Natural Bridge** Date signed.....

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

24452

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**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 Mapie A. Cashion  
Licensed Embalmer No. 3949  
P. O. Address. St. Louis Mo

**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.**