

MAR 11 1947

318

1003

Registration District No. _____ Primary Registration District No. _____

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community 21 years
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. 4517 Tennessee
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Magdalena Rathert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Otto Rathert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business _____

12. Name Ernst Hitzemann

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

14. Maiden name Katherina Baum

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

16. (a) Informant Harold Rathert

(b) Address 4516 Tennessee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Luth. Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAR 1 1947 (Date received local registrar) (b) J. Z. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1947 hour 8: minute 30 P.M.

21. I hereby certify that I attended the deceased from April 17
1947 to July 7, 1947
that I last saw h. er alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____

(c) Means of injury _____

23. Signature Arthur E. Strahl (M. D. or _____)

Address 539 N. Grand Date signed 3/27/47

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

Dr. Arthur E. Strauss,
539 North Grand Blvd.
Humboldt Bldg.

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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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... *Glew W. Hatz*

..... Licensed Embalmer No. *3737*

..... P. O. Address. *1936 St. Louis Ave*

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.