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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 6 1948 18

Registration District No. ....

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. .... 1003

State File No. .... 34595  
Registrar's No. .... 9213

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:  
De Paul Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Blanche Rathgeber

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

4. Sex..... F 5. Color or race..... W 6. (a) Single, widowed, married, divorced..... married  
6. (b) Name of husband or wife..... William Rathgeber 6. (c) Age of husband or wife if alive..... 60 years  
7. Birth date of deceased..... Dec. 17 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 10 6 ..... hr. .... min.

9. Birthplace..... St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business:

MOTHER FATHER  
12. Name..... Thomas Ford  
13. Birthplace..... Louisville Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Mary Tee  
15. Birthplace..... Mexico Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... William Rathgeber  
(b) Address..... 5816 Lindenwood  
17. (a) Burial (b) Date thereof..... 10/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... Resurrection

18. (a) Signature of funeral director..... Stroot Carroll  
(b) Address..... 4600 Natl. Bridge Ave.  
19. (a) OCT 25 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... 5816 Lindenwood  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct day..... 23  
year..... 1948 hour..... 8 minute..... 15 P. M.

21. I hereby certify that I attended the deceased from..... September 9<sup>th</sup> 1948 to..... October 23<sup>rd</sup> 1948  
that I last saw her..... alive on..... October 23<sup>rd</sup> 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Embolus Duration..... 2 hours  
Due to..... nitral Regurgitation 13 years

Other conditions..... none  
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN  
Of operations.....  
Of autops: none  
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... none  
(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?.....  
(Specify type of place)  
While at work?..... (c) Means of injury.....

23. Signature..... J. J. Gallagher (M. D. or other)  
Address..... 3903 Olive Date signed..... 10/25/48

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

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 *Ben Hoffman*  
Licensed Embalmer No. *4366*

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.