

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13965

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY COOK	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 16 WKS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHICAGO	
		d. STREET ADDRESS (If rural, give location) 7133 NORMAL BLVD	

3. NAME OF DECEASED (Type or Print) FREIDA		a. (First)		b. (Middle)		c. (Last) RATZEL		4. DATE OF DEATH (Month) (Day) (Year) JAN - 8 - 1949					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC. 21 - 1874		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) GERMANY 4			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE JOHN RATZEL		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frieda Koch				ADDRESS 7133 NORMAL BLVD CHICAGO ILLINOIS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) large lung abscess Bronchopneumonia and atelectasi Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 002						INTERVAL BETWEEN ONSET AND DEATH WEEK Sew. years?	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NONE						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? D	

22. I hereby certify that I attended the deceased from Jan. 7, 1949, to Jan. 8, 1949, that I last saw the deceased alive on Jan. 7, 1949, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE Raymond W. O'Brien (Degree or title) Raymond W. O'Brien M.D.			23b. ADDRESS 231 W. 47th Kan. City 2, Mo			23c. DATE SIGNED Jan 8, 1949		
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN. 9 - 1949		24c. NAME OF CEMETERY OR CREMATORY CEDAR PARK CEMETERY		24d. LOCATION (City, town, or county) CHICAGO ILLINOIS	
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DATE REC'D BY LOCAL REG. 1-8-49		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE O. N. Newsome's Sons			ADDRESS 1401 BRUSH CREEK KANSAS CITY, MO.		
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(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
0.48

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

Doyle L. Daniel Student Embalmer No. 278
working under my personal supervision.

Signed Doyle L. Daniel
Student Embalmer

Signed Bernard L. Moran
Licensed Embalmer No. 4050
P. O. Address NC 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.