

13978

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 29 1954

1003

Registrar's No.

3485

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		1003		Registrar's No.		3485					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)				c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home				6. STREET ADDRESS (If rural, give location) 5853 Minervia 2069											
3. NAME OF DECEASED (Type or Print)			a. (First) Dora			b. (Middle)			c. (Last) Rath			4. DATE OF DEATH (Month) (Day) (Year) 4/18/54			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7/7/1881			9. AGE (In years last birthday) 72 yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 28 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Owne home				11. BIRTHPLACE (City and State or Foreign Country) Denmark				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Johnson				13b. MOTHER'S MAIDEN NAME Emma Joergenson				14. NAME OF HUSBAND OR WIFE Jacob Rath							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Harold Redmond				ADDRESS 7500 Liberty Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis											
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the uterus											
				DUE TO (c)											
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bronchiopneumonia											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 174X							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Jan , 1954, to April 16 1954 , that I last saw the deceased alive on April 16 1954 , and that death occurred at 2:00 p m. , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) J.P. Prater				23b. ADDRESS M. D. 640 S. Kingshighway ST. Louis				23c. DATE SIGNED 4/18/54							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE 4/20/54				24c. NAME OF CEMETERY OR CREMATORY St. Peters				24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. APR 19 1954				REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schmur				ADDRESS 3125 Lafayette Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas R. Demwick*.....

Licensed Embalmer No. *379*.....

P. O. Address *325 Tapa*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.