

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32451

State File No. ....

FILED SEP 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2252

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>CLAYTON</u> <u>4458</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>660 West Polo Drive</u>		e. STREET ADDRESS (If rural, give location) <u>660 West Polo Drive</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>HENRY</u>	b. (Middle) <u>=</u>	c. (Last) <u>RATZ</u>	<u>Sept. 22, 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Apr. 12, 1866</u>		9. AGE (In years last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hessen Darmstadt, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOHN Ratz</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Boller</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta Diller Ratz</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Douglas Dodds, 660 West Polo Drive</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		<u>One Day One</u>
	ANTECEDENT CAUSES <u>Arterial Sclerosis</u> DUE TO (b) <u>Chronic Nephritis (Interstitial)</u> DUE TO (c) _____		<u>Five Years</u> <u>Five Years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>X</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? <u>592X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	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) 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. 10, 1953, to SEPT. 22, 1954, that I last saw the deceased alive on SEPT. 22, 1954, and that death occurred at 8:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Scott Heuser, M.D.</u>	23b. ADDRESS <u>634 N Grand Blvd St. Louis Mo</u>	23c. DATE SIGNED <u>9-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>9/24/54</u>	REGISTRAR'S SIGNATURE <u>Herbert K. ...</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u>
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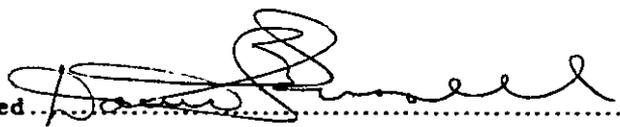
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. SCOTT HEUER  
634 No. Grand  
1 - 2 PM

**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  \_\_\_\_\_

Licensed Embalmer No. 452

P. O. Address St. Louis

**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.