

FILED JUN 10 1955

STANDARD CERTIFICATE OF DEATH

16929

State File No.

318

1003

4550

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) 24 Days		c. CITY OR TOWN New Haven		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Deconess Hospital				e. STREET ADDRESS (If rural, give location) Rt 1				0369			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) M.		c. (Last) Rathsam		4. DATE OF DEATH (Month) (Day) (Year) May 22nd 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 17th 1872		9. AGE (In years last birthday) 83			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mill Wright		11. BIRTHPLACE (City and State or Foreign Country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A				
13a. FATHER'S NAME Christian Rathsam			13b. MOTHER'S MAIDEN NAME Ziville Klunkler			14. NAME OF HUSBAND OR WIFE Bertha Rathsam					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Rathsam					ADDRESS New Haven, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION 2-24-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 181X							
22. I hereby certify that I attended the deceased from 2-11-55, 1955, to 5-21, 1955, that I last saw the deceased alive on 5-21, 1955, and that death occurred at 4:30 a.m., from the causes and on the date stated above.											
23a. SIGNATURE <i>[Signature]</i>				(Degree or title) M.D.		23b. ADDRESS 607 No. Grand, St. Louis, Mo.		23c. DATE SIGNED 5-23-55			
24a. BURIAL OR CREMATION (Specify)		24b. DATE May 25 1955		24c. NAME OF CEMETERY OR CREMATORY St James Cemetery		24d. LOCATION (City, town, or county) (State) Stonyhill, Mo.					
DATE REC'D BY LOCAL REG. MAY 24 1955		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home					ADDRESS Mehlville, Mo.	

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 *John S. Penner*.....
Licensed Embalmer No. *419*.....
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.