

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24251

State File No. ....

BIRTH NO. ....

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

Registrar's No. ....

**5854**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis,</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St. Louis,</b>		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 <b>3918a Oregon Ave.,</b>			STREET ADDRESS (If rural, give location) <b>24 3918a Oregon Ave.,</b> <b>2279</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elmer</b>		b. (Middle)	c. (Last) <b>Rathert,</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1955.</b>	
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married,</b>	8. DATE OF BIRTH <b>March 14, 1894</b>	9. AGE (In years last birthday) <b>61</b>	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) <b>Auto Trimmer-Retired 3</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Yrs Van Auto Top.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri,</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Charles Rathert,</b>		
13b. MOTHER'S MAIDEN NAME <b>Anna Eoubert,</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Anna Rathert,</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-05-5929</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mabel Anna Rathert, 3918a Oregon Ave.,</b>			
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) <b>Cor. dilatation of heart</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic cardio-vascular disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fibrosis of lungs</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b> <b>Several yrs</b> <b>Several yrs</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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? <b>4221-</b>			
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>49</b> , to <b>July 5</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>July</b> , 19 <b>55</b> , and that death occurred at <b>8:30A</b> , m., from the causes and on the date stated above.					
23a. SIGNATURE <b>D. S. ...</b>		23b. ADDRESS <b>752 ...</b>		23c. DATE SIGNED <b>7/6/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal.</b>	24b. DATE <b>7/8/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri,</b>		
DATE REC'D BY LOCAL REG. <b>JUL 7 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary,</b>	ADDRESS <b>2842 Meramec St., St. Louis, 18, Mo.</b>		

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

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....  
Signature of Student Embalmer

Signed.....

*Joe B. Benz*  
Licensed Embalmer No. 42  
2842 ~~Meramec~~  
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.