

FILED JAN 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 42526

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10806**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. CITY OR TOWN New Haven		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 6 Days		STREET ADDRESS (If rural, give location) Rt 1		03641	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3432 Illinos Av					

3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle)		c. (Last) Rathsam		4. DATE OF DEATH (Month) (Day) (Year) Dec 8th 1955	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 18 1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 21	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) New Haven, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A		

13a. FATHER'S NAME Henry Rethemeyer		13b. MOTHER'S MAIDEN NAME Caroline Schaefer		14. NAME OF HUSBAND OR WIFE John Rathsam (Deceased)	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Sylvia Thompson		ADDRESS 3710 Viking Av	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		18. INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. myocarditis</u> DUE TO (c) <u>chr. arteritis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/8/55, to 12/8/55, that I last saw the deceased alive on 12/8/55, 1955, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Steunou</u>	23b. ADDRESS <u>5203 Chipewawa</u>	23c. DATE SIGNED <u>12/9/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 10 1955	24c. NAME OF CEMETERY OR CREMATORY St James Cem.	24d. LOCATION (City, town, or county) (State) Stoney Hill, Mo.
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DATE REC'D BY LOCAL REG. DEC 9 1955	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fey Funeral Home</u>	ADDRESS Mehlville, Mo.
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(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 *G. W. Wilkinson*.....

Licensed Embalmer No. *35*.....

P. O. Address *M. L.*.....

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.