FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43724
STATE FILE NUMBER 11361

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital — Length of stay in Hospital 70 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes ☐X No ☐
d. STREET ADDRESS (If outside, give location) 2243a North Market — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First HARRY Middle Last RATHMANN

4. DATE OF DEATH Month Dec. Day 8 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 17,1886
9. AGE (In years last birthday) 70 yrs.
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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Contracting
11. BIRTHPLACE (City and state or country) St.Louis, Miss ouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HENRY RATHMANN
14. MOTHER'S MAIDEN NAME KATHERINE PREIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 499-03-2179
17. INFORMANT Address Wm.H.Gieseking,8738 Gayle,Crestwood 23,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anesthesia;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gastric Resection; following
DUE TO (c) operation for Gastrectomy

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) on December 8th 1956

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) at City Hospital #1
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 12 8 56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3.10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 12. 11. 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-11-56
23c. NAME OF CEMETERY OR CREMATORY St.Trinity Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis County,Mo.

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave.
25. DATE RECD. BY LOCAL REG. DEC 11 1956
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. F.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out this form. Do not use abbreviations. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address 3620 Ch

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