

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
3500 South Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years, months or days

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3500 S. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: 30 years

3. (a) PRINT FULL NAME

Mike Rager 71.0

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced divorce

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 17, 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant & Hotel Prop.

11. Industry or business

MOTHER FATHER  
12. Name Nick Rager  
13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Katrina Andra  
15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nick Rager  
(b) Address 3500 S Broadway

17. (a) Burial (b) Date thereof 1/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director John L. Ziegenhagen, A. Prov.  
(b) Address 7027 Gravois Avenue.

19. (a) IAN 26 1940 (b) J. B. [Signature]  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd  
year 1940 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec. 10<sup>th</sup>, 1939, to Jan 23<sup>rd</sup>, 1940  
that I last saw him alive on Jan 23<sup>rd</sup>, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis pulmon  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. D. [Signature] (M. D. or other)  
Address 1800 W Broadway Date signed 1/25/40

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *E. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *6937<sup>a</sup> Gravois* .....

**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 this body is not embalmed, above space should be left blank.**