

FILED JAN 12 1948

State File No. _____

Registration District No. 227

Primary Registration District No. 3046

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town California, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rathan Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 wks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 119A So. Broadway 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1945 hour 4 minute 10 AM.
21. I hereby certify that I attended the deceased from Dec 6, 1945, to Dec 25, 1945,
that I last saw him alive on Dec 25, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis Duration 3 mon
Due to Arterio-sclerosis 3 yrs

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JOSEPH J. WALTERSCHEID

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced single 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 9 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 15 hr. _____ min.

9. Birthplace Monteau Co. Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Factory worker

11. Industry or business tin can factory

12. Name unknown 9

13. Birthplace unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Baker

15. Birthplace Monteau Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: F. P. Schmidt

(b) Address _____

17. (a) burial (b) Date thereof Dec 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedron

18. (a) Signature of funeral director: A. E. Wilson
(b) Address California Mo.

19. (a) 12-2840 (b) F. P. Poppey
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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? _____

(Specify type of place) _____
(c) Means of injury _____
23. Signature J. R. Ratham (M. D. or other) _____
Address California, Mo. Date signed 12-26-45

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

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-11-46

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..... A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Me.

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, fact should be so stated above.