

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16192

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. 619) Pape Ave St. Ward)

File No.....
 Registered No. 1003
 St. Ward)

2. FULL NAME

(a) Residence. No. 619 Pape Ave St. Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Rabling (ne Braun)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 7 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hauling Business
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER

Frederick Rabling

(STATE OR COUNTRY) St. Louis Mo

12. MAIDEN NAME OF MOTHER

Caroline Thermany

(STATE OR COUNTRY) St. Louis Mo

14.

INFORMANT Mr. Katherine Rabling
 (Address) 619 Pape Ave

15.

FILED 10 32 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-4 1929, to Apr 7 1929, that I last saw h. alive on Apr 7 1929 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labort Trauma
108 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 1010
As above (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? St. Louis
 (Signed) W. H. ... M. D.
 19 (Address) 6104 N. ...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Beth Lehem DATE OF BURIAL Apr 10 1929

20. UNDERTAKER Wm. H. Hermann & Son ADDRESS 216 E. Fair Co.

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.

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RECORD WITH OUPADING INK—THIS IS A PERMANENT RECORD

