644

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

Do not use this space.

14852

1. PLACE OF DEATH

County..... Registration District No. 1003 (791)

Township..... Primary Registration District No.....

City..... (No. 5425, S. Broadway St. ..... Ward)

File No. 4265

Registered No.....

2. FULL NAME Cecelia Rabold

(a) Residence. No. 5425 S. Broadway St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Rabold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	1	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Germany

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PARENTS

10. NAME OF FATHER Jacob Haas

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Katherine Gali

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

14. INFORMANT Louisa Rabold
(Address) 5425 S. Broadway

15. APR 29 19.. Max C. Starkloff
FILED....., 19..... REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1930

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1930, to April 28, 1930, that I last saw h. alive on April 28 9 am, 1930, and that death occurred, on the date stated above, at 11:47 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock following an injury to right knee
Fall from Bed
Accident
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fracture of right knee involved condyle of the femur (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Max C. Starkloff, M. D.

, 19 (Address) 512 Dorst Pl

Dr. Kerr
Sept 4/29/30

*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 Concordia Cemetery

DATE OF BURIAL May 1 1930

20. UNDERTAKER Hauck & Schmitt

ADDRESS 3732 S Grand Blv.

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.