WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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

Do not use this space.

38928

File No.

Registered No. 11043

1. PLACE OF DEATH

County

Township

City St. Louis, (No. 4020 Nebraska Avenue. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John J. Rabbitt.

(a) Residence, No. 4020 Nebraska Ave. 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)
Male	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Rabbitt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1856.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	5	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

FATHER

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Manuel Rabbitt 4020 Nebraska Avenue.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Nov. 4, 1931

19. UNDERTAKER (ADDRESS) J. H. Gebken Lt. U. Co. 2842 Meramec Street.

20. FILED NOV - 3 1931 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931, to Nov 1, 1931

I last saw him alive on Nov 1, 1931. Death is said to have occurred on the date stated above, at 12 30 p.m. 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

8 VA

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Physical Findings Was there an autopsy? M

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ray J. Schurter, M. D.

(Address) 2800 a Chippewa St.