DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27513

Registration District No. 791 — REC'D SEP 14 1939 — Primary Registration District No. — Registrar's No. 7013

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3916 Folsom
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Michael Rabold 143

3. (b) If veteran, name war No.

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 27 (Month) (Day) 1872 (Year)

8. AGE: Years 67 | Months 5 | Days 14 | If less than one day hr. min.

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

10. Usual occupation Nil. Farmer 0

11. Industry or business

FATHER
12. Name Henery Rabold 0
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Hopfer
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wilma Eifert
(b) Address 3916 Folsom Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-39 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Haman Funeral Home
(b) Address Cape Girardeau Mo

19. (a) AUG 12 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11, year 1939 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from August 8, 1939, to August 11, 1939; that I last saw him alive on August 11, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Neck	
Due to	
Due to 5	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

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

23. Signature Jas. Z. Lewis (M. D. or other)
Address City Hospital 1515 Lafayette Date signed 8/11/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

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.