

3-2
3-40
7-39
23159

JAN 15 1941
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
2853 1/2 McNair Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis **24**
(If outside city or town limits, write "RURAL")
(d) Street No. 2853 1/2 McNair Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1940 hour 12 minute 10 p. M.

21. I hereby certify that I attended the deceased from 11-18, 1939, to 12-6, 1940;
that I last saw him alive on 12-4, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arteriosclerosis

Duration 3 days

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.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. H. Jones (M. D. or other) MD
Address 36168 Buddy Date signed 12-7-40

3. (a) PRINT FULL NAME Daniel B. Rabenau

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

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

6. (b) Name of husband or wife Elizabeth Rabenau 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Apr. 28 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Machinist

11. Industry or business: Planning Mill

12. Name: Daniel Rabenau

13. Birthplace: Germany
(City, town, or county) (State or foreign country)

14. Maiden name: Victoria Woerner

15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Elizabeth Rabenau

(b) Address: 2853 1/2 McNair Av.

17. (a) Burial (b) Date thereof 12-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. St. Marcas

18. (a) Signature of funeral director Witt Bros. & Co.

(b) Address 2929 S. Jefferson Av.
(c) Date received local registrar DEC 8 1940 (d) J. H. Brudeck
(Date received local registrar) (Registrar's signature)

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

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 Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 Jefferson

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.