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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

State File No. 4823

Registrar's No. 1071

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

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: Enroute to City Hosp. 3
(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 000 17

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 920a Russell Bld.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME Ferdinand Raubeck

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

3. (c) Social Security No. 493-07-4124

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 11 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Austria-Hungary 8
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business

FATHER
12. Name Ferdinand Raubeck
13. Birthplace Austria 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susanna Unknown
15. Birthplace Austria 8
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Raubeck
(b) Address 920a Russell Bld.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41.
(Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur. Rk.

18. (a) Signature of funeral director Witt Bro. L & N Co
(b) Address 2929 S. Jefferson Av.

19. (a) FEB 2 1941 (Date received local registrar) (b) J. N. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1941 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from 12/22/40, 19, to 1/30/41, 19;
that I last saw him alive on 1/30/41, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Pyletis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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 Lon Kenneth Helwig (M. D. or other) D
Address 4538 Evansdale Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jeffers

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.