No. 2
-9-4-41
5-17-39 JAN 24 1942
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40311

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10055

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

1. PLACE OF DEATH:

(a) County ST LOUIS MO

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

(c) Name of hospital or institution: LUTHERAN HOSPITAL (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 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON 50

(c) City or town RURAL (If outside city or town limits, write "RURAL") NR

(d) Street No. NEAR PEVELY MO. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country — — — — —

3. (a) PRINT FULL NAME HEDWIG RABE

3. (b) If veteran, name war — — —

3. (c) Social Security No. — — — —

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife WILLIAM RABE

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased DECEMBER (Month) 14. (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	—	4	— hr. — min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business — — —

FATHER
12. Name MARTIN SCHMICH
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name GERTRUDE PLACK
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Arthur H. Bruhn

(b) Address PEVELY MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 21, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation ZION LUTHERAN CEM PEVELY MO

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO.

19. (a) DEC 18 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 18TH year 1941 hour 8TH minute 17 A.M.

21. I hereby certify that I attended the deceased from Dec 4, 1941, to Dec 17, 1941; that I last saw her alive on Dec 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to Pneumonia - Bronchial	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

82a

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 Emmett Senn MD (M.D. or other)

Address Herculaneum, Mo. Date signed 12/19/41

(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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Arthur W. Heilsgting

Licensed Embalmer No. 38712

P. O. Address .....

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

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