

FILED MAR 17 1942

State File No.

Registrar's No.

1665

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3013 Gravois Ave.
(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 Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3013 Gravois Ave.
(If rural, give location)
(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRIETTA DAGGS.

3. (b) If veteran, name war..... 3. (c) Social Security No. 490-03-5578

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased. Aug. 6th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 15 hr. min.

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

10. Usual occupation Seamstress

11. Industry or business CHAPMAN CLEANING CO

MOTHER FATHER { 12. Name John Rabernau
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George Daggs.
(b) Address 3013 Gravois Ave.

17. (a) Burial (b) Date thereof Feb 24, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director. Thos. Hutcheson
(b) Address 2906 Gravois Ave.

19. (a) Feb 24 1942 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1942 hour 10 minute 25 A.M. P.M.

21. I hereby certify that I attended the deceased from Aug 26th
1940 to Febr. 27th 1942
that I last saw her alive on Febr. 20th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the pelvic & abdominal organs primarily in uterus
Due to.....
Due to.....

Duration
2 1/2 years

Other conditions (Include pregnancy within 3 months of death)
Major findings: Oct 7th 1940 Carcinoma of uterus & adnexa
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) No
(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 Henry P. Graul (M. D. or other)
Address 2905 Cherokee St. Date signed 2/23/42

Mr. Frank

Waltham & B. Boston

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

David M. Van Fossen, Registered Apprentice No. 280
working under my personal supervision.

Signed David M. Van Fossen

Licensed Embalmer No. 1619

P. O. Address 2106 Grove

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.