

FILED DEC 31 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(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: **City 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)

3. (a) PRINT FULL NAME **FRANK RABAND**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Catherine Raband**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **March 2nd 1871**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| 76 | 9 | 11 |hr.min. |

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Auto trimmer**

11. Industry or business **retired**

12. Name **Christ Raband**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Wehrl**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Raband**
(b) Address **4178 Neosho St.**

17. (a) **burial** (b) Date thereof **12-16-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul's Churchyard**

18. (a) Signature of funeral director **Ziegenhein Bros.**

(b) Address **6409 Gravois Ave.**

19. (a) **DEC 16 1947** (b) **J. J. Preesch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **4178 Neosho St.**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **13th**
year **1947** hour **1:** minute **00** P.M.

21. I hereby certify that I attended the deceased from **11/29/47**
to **Dec. 13th 1947**, 19....., to **Dec. 13th 1947**, 19.....
that I last saw him alive on **Dec. 13th 1947**
and that death occurred on the date and hour stated above

Immediate cause of death **Ce of prostate 2 yrs with generalized metastasis**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 **Thomas Alton** Date signed **12/15/47**

Address **1515 Lafayette**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

Harner F. Farty

Licensed Embalmer No.

3882-

P. O. Address.....

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.