

No. 300  
 10-47  
 5-17-39  
 I 3906

FEDERAL BUREAU OF INVESTIGATION  
 National Office of Vital Statistics  
**FILED APR 16 1948**

UNITED STATES DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **15035**  
 Registrar's No. **869**

Registration District No. **517**

Primary Registration District No. **6676**

CF 597 00076  
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:** **St Louis**

(a) County **St Louis**

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

(c) Name of hospital or institution: **7908 Gravois /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

In this community **Life** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **St Louis 96**

(c) City or town **Gardenville 0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **7908 Gravois 0**  
(If rural, give location)

(e) Citizen of foreign country? **(Yes or No)**  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Peter J Rabbitt**

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

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **2**  
 year **1948** hour **1** minute **M.**

**21. I hereby certify that I attended the deceased from** **Nov 15**, 19**47**, to **April 2**, 19**48**;  
 that I last saw him alive on **March 26**, 19**48**;  
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Marie**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Jan 31 1895**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **2** Days **11** - If less than one day hr. min.

Immediate cause of death **Heart Circulatory Collapse**

Due to **Chronic Myocarditis**

Due to **93d**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **St Louis Mo 11**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Post Office**

**PHYSICIAN**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name **John Rabbitt**

13. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Simcox**

15. Birthplace **Ireland 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marie Rabbitt**

(b) Address **7908 Gravois**

17. (a) **Burial** (b) Date thereof **4/5/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J. L. Ziegenhein & Sons**

(b) Address **7027 Gravois Ave.**

19. (a) **4-5-48** (b) **Carver**  
(Date received local registrar) (Registrar's signature)

**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? **1**

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **0**

23. Signature **H. Schumm** (M. D. or other) \_\_\_\_\_  
 Address **6511 9 Gravois** Date signed **4/3/48**

AUG 27 1949

APR 21 1949

MAY 9 1948

APR 20 1948

APR 17 1948

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 W. G. Peterson

Licensed Embalmer No. 3637

P. O. Address 7027 Travis

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.