No. 300
10-48

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34487

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6051 Registrar's No. 179

0920
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES RURAL
c. LENGTH OF STAY (in this place): 2 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EVANGELICAL EMMAUS HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AFFTON 4000
d. STREET ADDRESS (If rural, give location): 9213 PAVIA

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): RABE

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 13, 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 12, 1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: PETER JOEST
13b. MOTHER'S MAIDEN NAME: MARGARET SCHWEBEL
14. NAME OF HUSBAND OR WIFE: ARTHUR J. W. RABE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Theophil Stoerker, St. Charles, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Broken Compensation	1 week
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Gen. Arteriosclerosis	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		4500

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7, 1950 *to* Oct 13, 1950, *that I last saw the deceased alive on* Oct 11, 1950 *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. P. Erich Schulz, Med.
23b. ADDRESS: St Charles Mo.
23c. DATE SIGNED: 10/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Bmt
24b. DATE: 10-15-50
24c. NAME OF CEMETERY OR CREMATORY: New St Marcus Cem
24d. LOCATION (City, town, or county) (State): St Louis Mo.

DATE REC'D BY LOCAL REG.: 10-13-50
REGISTRAR'S SIGNATURE: Fannie Hamelt 284
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John L. Ziegenhein & Sons 7027 Gravois St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1950

RECEIVED
OCT 21 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 ....., Student Embalmer No. ....., working under my personal supervision.

Signed W. G. Peterson

Signed .....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.