

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6548

State File No. 983
 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 983		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 62 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2019		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1133 Bellerive Blvd.				d. STREET ADDRESS (If rural, give location) 1133 Bellerive Blvd.							
3. NAME OF DECEASED (Type or Print) JOSEPH			a. (First)			b. (Middle) ANTHONY			c. (Last) RABER		
4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1951			5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Oct. 16, 1883			9. AGE (In years last birthday) 67			IF UNDER 1 YEAR Months Days			IF UNDER 11 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant				10b. KIND OF BUSINESS OR INDUSTRY Book Store (Retail)				11. BIRTHPLACE (State or foreign country) Switzerland		12. CITIZENSHIP OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Raber				13b. MOTHER'S MAIDEN NAME Frances Marchy				14. NAME OF HUSBAND OR WIFE Pauline Sterba Raber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pauline Raber, 1133 Bellerive Blvd.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES								1-26-51	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerosis</u>								—	
		DUE TO (c) <u>Hypertension</u>								—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 592X						
22. I hereby certify that I attended the deceased from <u>10-4</u> , 19 <u>50</u> , to <u>1-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/29</u> , 19 <u>51</u> , and that death occurred at <u>7:15 Am.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Andrew H. Klein, M.D.</u>				(Degree or title)				23b. ADDRESS <u>4632 So Grand</u>		23c. DATE SIGNED <u>1-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>2-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>				
DATE REC'D BY LOCAL REGISTRAR JAN 3 1951		REGISTRAR'S SIGNATURE <u>J. H. Kasala</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F. H., 1936 St. Louis</u>					

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

See Report - yellow

Dr. Andrew G. Klein,

4632 So. Grand

Hours 2 - 4

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Delis J. Krupin*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3497.....

P. O. Address 1936 St. Louis.....

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.