

FILED OCT 26 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35856

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8587**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (In this place) <b>70 years</b>	c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>PARK LANE MEMORIAL HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>3815 KOSCIUSKO STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUST</b> b. (Middle) <b>R.</b> c. (Last) <b>RABENAU</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 19, 1954</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>SEPTEMBER 18, 1884</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOREMAN (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HAGER HINGE CO</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>ANTON RABENAU</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCES RATAZZI</b>		14. NAME OF HUSBAND OR WIFE <b>AMELIA NUSSBAUMER RABENAU</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>488-07-7587</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. EMMA WEH KING 3817 KOSCIUSKO STREET</b>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bergeron's Disease</b></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Due TO (b) <b>Arteriosclerosis</b></p> <p>Due TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>					

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>311x</b>	
22. I hereby certify that I attended the deceased from <b>Sept 15, 1954</b> , to <b>Sept. 19, 1954</b> , that I last saw the deceased alive on <b>Sept. 19, 1954</b> , and that death occurred at <b>10:25p</b> m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS <b>4930 Lindell Blvd.</b>		23c. DATE SIGNED <b>9/20/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>9-22-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MISSOURI</b>		

DATE REC'D BY LOCAL REG. <b>SEP 20 1954</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWLEDEN F. H. 1936 ST. LOUIS AVENUE</b>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 452

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.