

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35857

9312

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

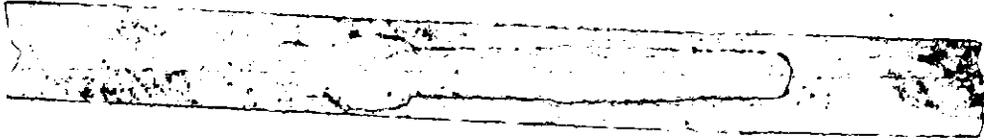
No. 300

10-48

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i>		b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>7 wks</i>		c. CITY <i>Nashville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Deaconess</i>		e. STREET ADDRESS <i>203 W. Lebanon Street</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Eda</i>		b. (Middle) <i>Rabeneck</i>		c. (Last) <i>Rabeneck</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 9 1954</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>Sept. 8 1881</i>		9. AGE (In years last birthday) <i>73</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>homework for self</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Nashville Illinois</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John Lorenz</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Medert</i>	
14. NAME OF HUSBAND OR WIFE <i>O.C. Rabeneck (decd)</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or detail of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>J.D. Mann</i>		ADDRESS <i>Nashville, Ill</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Carcinoma Breast</i>	
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Breast</i>		ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>		19. 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) <i>170 X</i>		21d. TIME (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?		22. I hereby certify that I attended the deceased from <i>Aug 28, 1954</i> to <i>Oct 9, 1954</i> that I last saw the deceased alive on <i>Oct 8, 1954</i> and that death occurred at <i>3 A.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE (Name or title) <i>D.R. Beasley, M.D.</i>		23b. ADDRESS <i>#16 Hampton Village</i>		23c. DATE SIGNED <i>10/11/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct. 11, 54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Evang.</i>	
24d. LOCATION (City, town, or county) (State) <i>Nashville Ill.</i>		DATE REC'D BY LOCAL REG. <i>OCT 13 1954</i>		REGISTRAR'S SIGNATURE <i>Charles Smith, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Edmann</i>		ADDRESS <i>Nashville Ill.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Edmann</i>	

(Licensed Embalmer's Statement on Reverse Side)



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 *J. J. Mann*.....

Licensed Embalmer No. *504*.....

P. O. Address *Nashville*.....

removed before embalming.

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.