

FILED NOV 22 1954

State File No.

318

1003

9744

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 days		STREET ADDRESS 6926 Virginia <i>20190</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) John	b. (Middle)	c. (Last) Rabenau Sr.	(Month) Oct.	(Day) 25,	(Year) 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 22, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Decorator	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Rabenau	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Anna Rabenau
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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 Anne Rabenau	ADDRESS 6926 Virginia
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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>1 wk</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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? <i>332X</i>

22. I hereby certify that I attended the deceased from *Oct 17, 1954* to *Oct 25, 1954*, that I last saw the deceased alive on *Oct 24, 1954*, and that death occurred at *4:30A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Raubmann M.D.</i>	(Degree or title)	23b. ADDRESS <i>3701 Grandel St</i>	23c. DATE SIGNED <i>10.25-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>10/27/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Missouri Crematory</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo.</i>
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DATE REC'D BY LOCAL REG. <i>OCT 27 1954</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J L Ziegenhein & Sons</i>	ADDRESS <i>7027 Gravois</i>
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WRITE PLAINLY—USING UNFADING 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 *Donald E. Bony*.....

Licensed Embalmer No. *486*

P. O. Address *7027 Bony*

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.