

Reg. #7329

SL #5147

BIRTH NO. FILED SEP 13 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7433

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>915 N. Grand, St. Louis, Mo.</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"/>	
c. LENGTH OF STAY (In this place) <b>155 days</b>		STREET ADDRESS (If rural, give location) <b>9411 S. Broadway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		20090	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JULIUS</b> b. (Middle) <b>RAABE</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>August 23, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10/13/94</b>
9. AGE (In years last birthday) <b>60</b>		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) <b>Musician (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Julius Raabe</b>	
13b. MOTHER'S MAIDEN NAME <b>Josephine Schmidlon</b>		14. NAME OF HUSBAND OR WIFE <b>Frida Raabe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, St. Louis, Mo.</b>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEPATIC COMA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>LAENNEC'S CIRRHOSIS OF LIVER</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Coronary Sclerosis Generalized Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <b>VA</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>581.1</b>	
22. I hereby certify that I attended the deceased from <b>3/21</b> , 1955, to <b>8/23</b> , 1955, and that death occurred at <b>5:10 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. T. Kaminskas</b>		23b. ADDRESS <b>915 N. Grand M.D. VA Hosp., St. Louis, Mo.</b>	
23c. DATE SIGNED <b>8/23/55</b>		24a. FUNERAL CREMATION REMOVAL (Specify) <b>Crementation</b>	
24b. DATE <b>8/26/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.,</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Jendry</b>	
DATE REC'D BY LOCAL REG. <b>AUG 24 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. ADDRESS <b>5611 S. Grand</b>		25. ADDRESS	

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 *Ronald C. Yeh*.....

Licensed Embalmer No. *39*.....

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.