

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29007
6528

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis (City)</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>10 YRS</u>	c. CITY OR TOWN <u>St. Louis</u>		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 <u>#3 Arundel Pl.</u>			e. STREET ADDRESS (If rural, give location) <u>#3 Arundel Pl.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward H.</u> b. (Middle) <u>Rabenberg</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>7 11 56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDWED-DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-21-1870</u>	9. AGE (In years) <u>85</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Ban. Rev.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BANKING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mathew Rabenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Julia ?</u>	14. NAME OF HUSBAND OR WIFE <u>Camille (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Rabenberg (son) #3 Arundel.</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of larynx</u> DUE TO (b) <u>generalized carcinomatosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		161X
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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>April 7, 1956</u> , to <u>July 11, 1956</u> , that I last saw the deceased alive on <u>July 11, 1956</u> , and that death occurred at <u>10:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. H. ... M.D.</u>		23b. ADDRESS <u>7200 Manchester</u>		23c. DATE SIGNED <u>7-11-56</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT-HOPE Mausoleums</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY-B. SMITH-Maplewood 17 Mo</u>
DATE REC'D BY LOCAL REG. <u>JUL 12 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	F.P. (Licensed Embalmer's Statement on Reverse Side)			

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.....
Licensed Embalmer No. 4050

P. O. Address.....

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.