

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26870**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **1544**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN FENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hosp		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
f. STREET ADDRESS local		(If rural, give location)			

3. NAME OF DECEASED a. (First) HENRY		b. (Middle)		c. (Last) RABENORT		4. DATE OF DEATH (Month) (Day) (Year) 6 - 15 - 57	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 27 - 1867	
9. AGE (In years last birthday) 90		if UNDER 1 YEAR Months		if UNDER 24 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Retired Farming		11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME WILLIAM RABENORT		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
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 HULDA BURKART	
				ADDRESS FENTON Mo.	

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) Septicemic Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Arterio-sclerosis			
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 checked="" type="checkbox"/> NO <input 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) 4500	
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?	

22. I hereby certify that I attended the deceased from **1954** to **6/14**, 19**57**, that I last saw the deceased alive on **6/14**, 19**57**, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Huck		23b. ADDRESS Fenton, Mo.		23c. DATE SIGNED 6/17/57	
24a. BURIAL, CREMATION, REMOVAL, etc. Removal		24b. DATE June 18 - 57		24c. NAME OF CEMETERY OR CREMATORY ST MARTIN'S CEM	
		24d. LOCATION (City, town, or county) DITTNER		24e. (State) 170	

DATE REC'D BY LOCAL REG. 17 June 57		REGISTRAR'S SIGNATURE Herbert R. Donker		25. FUNERAL DIRECTOR'S SIGNATURE BRIMMER Funeral Home	
				ADDRESS House 33115 170	

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.....
John H. Brimmer

Licensed Embalmer No. 147

P. O. Address *Three Springs*

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.