

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42484**
Registrar's No. **10739**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10739	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		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"/>	
3. NAME OF DECEASED (Type or Print) Ervin F. Rabenneck				4. DATE OF DEATH (Month) (Day) (Year) Nov. 7. 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 27. 1894	
9. AGE (In years) (last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Fred Rabenneck			13b. MOTHER'S MAIDEN NAME Olinda Frohley			14. NAME OF HUSBAND OR WIFE Anna Rabenneck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY 492-05-8940		17. INFORMANT'S SIGNATURE OR NAME Dorothy Freshwater ADDRESS 10192 Cloverdale			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Injury ANTECEDENT CAUSES Separation of the sagittal suture of the skull DUE TO (b) _____ DUE TO (c) Displaced in fall on sidewalk II. OTHER SIGNIFICANT CONDITIONS 1024 E. Franklin Ave Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION on November 7. 1957.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, road, public place, etc.) St. Louis		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 7 57 ? a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E903.5 44			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrick P. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/12/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/12/57		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. NOV 12 57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. <i>M.A.B.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Stock Mortuary ADDRESS 2117 E. Grand			

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..... *Paul D. Wadsworth*

Licensed Embalmer No. *4787*

P. O. Address..... *Howe St*

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.