

Health, & Welfare
S. Public
th Service

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42888
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2646

S. 300
v. 1-57

| | | | |
|--|--|---|--|
| 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, give TOWNSHIP only) OR TOWN Clayton | | c. CITY OR TOWN St. Louis Clayton | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 6. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. D.O.A. #38 | | d. STREET ADDRESS (If outside, give location) #43 Arundel Pl. | |
| Length of stay in lb | | Reside on Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ELSA Middle J. Last RABE | | | 4. DATE OF DEATH Month Oct. Day 24 Year 1957 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 7, 1905 |
| 9. AGE (In years last birthday) 52 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Frederick W. Rabe | | 13b. MOTHER'S MAIDEN NAME Bernadine Karabbe | 14. NAME OF HUSBAND OR WIFE NONE |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 487-18-17428 | |
| 17. INFORMANT Mrs. W.V. Delahunt | | Address #43 Arundel Pl. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute tracheobronchitis | | | INTERVAL BETWEEN ONSET AND DEATH Acute |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | 500 X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Herbert R. Domke, MD, Local Registrar | | 22b. ADDRESS 651 S. Brentwood, Clayton, Mo. | 22c. DATE SIGNED 10/30/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Oct. 26, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| 24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. 10-25-57 | 26. REGISTRAR'S SIGNATURE Herbert R. Domke |

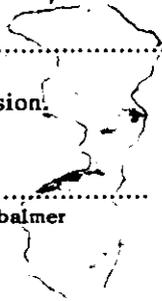
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *William A. White*

Licensed Embalmer No. *4291*

P. O. Address *4228 Long Street*

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.