URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042388

STATE FILE NUMBER

FILED VS DEC 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210975

IENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. JOHN'S HOSP. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: ST. LOUIS

c. CITY OR TOWN: KIRKWOOD — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 425 S. LINDBERGH — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First BROTHER — Middle DANIEL — Last RABITT S.M.

4. DATE OF DEATH: Month NOV — Day 26, — Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Widowed ☐ Never Married ☑ Divorced ☐

8. DATE OF BIRTH: MAY 24, 1902

9. AGE (last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: PATRICK RABITT

13b. MOTHER'S MAIDEN NAME: AGNES CROWLEY

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Rev. Louis J Blume — Address: 425 S. LINDBERGH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1942, to Nov 26, 1959 and last saw him alive on Nov 25, 1959

Death occurred at 3:50 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Nemissey J Md

22b. ADDRESS: 634 N Grand

22c. DATE SIGNED: 11/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: NOV. 28, 1959

23c. NAME OF CEMETERY OR CREMATORY: MARYHURST CEMETERY

23d. LOCATION (City, town, or county) (State): KIRKWOOD MO.

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: NOV 27 1959

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No.

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.