

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42939
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Deaconess Hosp.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lottie M. Rabenau
(a) Residence, No. **3224 So. Dakota St.** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 7th. 1872**

7. AGE YEARS **65** MONTHS **1** DAYS **25** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **Daniel Rabenau**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

MOTHER 15. MAIDEN NAME **Victoria Werner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

17. INFORMANT (ADDRESS) **Bernard Braun 4521 So. Compton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old S. S. Peter, Paul Dec. 6, 37**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 3013 Meramec Street**

20. FILED **DEC 5 1937 J. P. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 2nd. 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 20**, 19**37**, to **December 2**, 19**37**.
I last saw her alive on **December 2**, 19**37**. Death is said to have occurred on the date stated above, at **6/50 pm**.
The principal cause of death and related causes of importance were as follows:

**Right-sided lobar pneumonia
Hyper-tension--No. 108
No. 108**
Other contributory causes of importance:
Name of operation **No. 108** Date of operation
What test confirmed diagnosis? **Physic. exam.** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **None** Date of injury
Where did injury occur? **None** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**
If so, specify

(Signed) **Raymond I. Spivy**, M. D.
(Address) **3720 Washington Blvd.**

1120 West Washington
City 6330
3-6

STATEMENT BY LICENSED EMBALMER

I, Clarence Hochow Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence Hochow
Licensed Embalmer No. 3093

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.)