

REC'D MAR 13 1939

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

791

1003

4570

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No. **1263**  
(c) City St. Louis (d) Street No. BARNES HOSPITAL 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

130 Eaton John Rabbet (alias Zajic, Eaton)  
(a) Residence, No. 5035 Maple St. 12 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) WIDOWED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rabbet (alias, MARY (Zajic))  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 13, - 1875  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 7 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED  
9. Industry or business in which work was done, as saw mill, bank, etc. RAIL ROAD  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 7 9 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOHEMIA13. NAME JAMES ZAJIC14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ELIZABETH - UNKNOWN UNK15. MAIDEN NAME ELIZABETH - UNKNOWN15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT ELIZABETH RAAB (ADDRESS) 5030 MAPLE AVE18. BURIAL, CREMATION, OR REMOVAL PLACE OMAHA NEBR. DATE FEB 8, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) CULLEN K. KELLY 1416 N. TAYLOR20. FILED FEB 8 1939 J. F. Brudeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-193922. I HEREBY CERTIFY, That I attended deceased from 1-5-1939, to 2-7-1939

I last saw him alive on 2-7-1939 Death is said to have occurred on the date stated above, at 4:55 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Embolus  
Carcinoma of Stomach

Date of onset

2-7-392-7-39Other contributory causes of importance: HxName of operation Catheterostomy Date of 2-7-39What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (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) W. H. Henders M. D.(Address) BARNES HOSPITAL

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Clément M. Neary*

Licensed Embalmer No. *3732*

P. O. Address

*St. Louis*

**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 this body is not embalmed, above space should be left blank.**