

FILED FEB 13 1945

Registration District No. 317

Primary Registration District No. 3063

3583

State File No.

Registrar's No. 2955

1. PLACE OF DEATH:

(a) County St. Louis Co.
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp - 1 hr - 56 min
(Specify whether years, months or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis Co.
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8000 Albin
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country !

3. (a) PRINT FULL NAME RAWLING, RUBEN

3. (b) If veteran, name war NO 3. (c) Social Security No. 499-03-9571

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) 8 (Day) 28 (Year) 79

8. AGE: Years 65 Months 5 Days 1 If less than one day hr. _____ min.

9. Birthplace New Haven Conn.
(City, town, or county) (State or foreign country)

10. Usual occupation Hardy man

11. Industry or business nonpareil mfg Co. Springfield

MOTHER FATHER
12. Name Benjamin Rawling
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Ann Bealy
15. Birthplace unknown Va
(City, town, or county) (State or foreign country)

16. (a) Informant wife - Rosa Rawling

(b) Address 8000 Albin, Overland (14) Mo.

17. (a) Burial (b) Date thereof 2-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Helens

18. (a) Signature of funeral director W. H. ...
(b) Address 2504 Wardon, Overland

19. (a) FEB 5 1945 (b) E. D. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 45 hour 6 minute 06 P.M.
21. I hereby certify that I attended the deceased from 1-29
1945 to 1-29, 1945
that I last saw him alive on 1-29, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death LOBAR Pneumonia Duration 2 wks

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 10x
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature John ... (M. D. or other) MD
Address St. Louis Co. Hosp. Clayton Date signed 1-30-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

Overland Mo.

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, fact should be so stated above.