

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4458 Wallace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Frances C. Rabenau

3. (b) If veteran, name war _____ **3. (c) Social Security No.** none

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced.** Widowed

6. (b) Name of husband or wife Anton C. **6. (c) Age of husband or wife if alive.** _____ years

7. Birth date of deceased. January 31, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	9	14	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name George Ratazzi

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Busch

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alice E. Horath
(b) Address 4458 Wallace, St. Louis, Mo.

17. (a) burial **(b) Date thereof** 11/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Maxim Walden

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) NOV 15 1946 **(b) J. Bredick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4458 Wallace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
 year 1946 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1
 19. 46 to Nov 12 19. 46
 and that death occurred on the date and hour stated above.

Immediate cause of death Renal disease
arteriosclerosis

Due to hypertension, C. V. R.
old age

Due to _____

Other conditions nil
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) 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? _____

While at work? _____
(Specify type of place) (c) Means of injury.

23. Signature [Signature] (M. D. or other) MD
 Address 2807 Chestnut Date signed 11/16/46

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

37000

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis 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.