

3. No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3004  
State File No. \_\_\_\_\_  
Registrar's No. **261**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution **Missouri Baptist Hosp**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **6002**  
(c) City or town **St. Louis**  
(d) Street No. **5077 Wells Ave.**  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) **Patricke J. Rablitt**  
FULL NAME  
(b) If veteran, name war   
(c) Social Security **490-03-9286**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **8**  
year **1947** hr. **7:55** minute **A.M.**  
21. I hereby certify that I attended the deceased from **1-8-47**  
to **1-8-47**

4. Sex **Male** 5. Color of skin **Wh** 6. (a) Single, widowed, married, divorced **Single**  
7. Birth date of deceased **June 27 1900**  
(Month) (Day) (Year)

that I last saw \_\_\_\_\_ alive on **Jan 8 47**  
and that death occurred on the date and hour stated above  
Immediate cause of death **Acute Dilation of Heart**  
**of 7 weeks**  
**Dilated Calvarium - years**

8. AGE: Years **46** Months **6** Days **11**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration **1 day**

10. Usual occupation **Salesman**  
11. Industry or business **Ely Walker Dry Goods**

12. Name **Peter Rablitt**  
13. Birthplace **Ireland**  
14. Maiden name **Maury Hescott**  
15. Birthplace **Ireland**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant **John Rablitt**  
(b) Address **5077 Wells Ave**  
17. (a) **Burial** (b) Date thereof **1-11-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_  
23. Signature **J. F. Pudelek** (M. D. or other) \_\_\_\_\_  
(b) Address **1878 Madison** Date signed **1-9-47**

18. (a) Signature of funeral director **Char. J. Stewart**  
(b) Address **225 Union Blvd.**  
19. (a) **JAN 9 1947** (b) **J. F. Pudelek**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 *J. Allen Davis Jr*  
Licensed Embalmer No. *4053*

P. O. Address.....

**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.**