

No. 2
-17-39
I X47070

FILED OCT 4 1947
Registration District No. 318

State File No.

Primary Registration District No. 1003

Registrar's No. 8886

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4043 Lakeside
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME William Rahning

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Lora 6. (c) Age of husband or wife if alive 8, 1861 years

7. Birth date of deceased March 8, 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired - Tavern Owner

11. Industry or business Rahning

12. Name Rahning

13. Birthplace Germany
(State or foreign country)

14. Maiden name Not known

15. Birthplace Germany
(State or foreign country)

16. (a) Informant Carrie Wilders

(b) Address 4043 Lakeside St.

17. (a) Burial (b) Date thereof 9/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun Set Burial Park

18. (a) Signature of funeral director John H. Gebken Sons

(b) Address 2630 Gravois Ave

19. (a) SEP 23 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4043 Lakeside Ave.
15 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21,
year 1947 hour 9, 30 minute A M.

21. I hereby certify that I attended the deceased from 1945
....., 19....., to death....., 19.....;
that I last saw him alive on Sept. 20, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 7 days.

Due to arteriosclerosis yrs.

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 85

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) (e) Means of injury.....

23. Signature J. F. Bredeck (M. D. or other) M.D.

Address 5203 Chippewa Date signed 9-23-47

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

MOTHER FATHER

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 F. Gibben

Licensed Embalmer No.....

4144

P. O. Address.....

2630 Illinois

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.