

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28632**
Registrar's No. **7734**

FILED SEP 13 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis Mo)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4020 Nebraska				d. STREET ADDRESS (If rural, give location) 4020 Nebraska			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) Ann		c. (Last) Rabbitt		4. DATE OF DEATH (Month) - (Day) (Year) 8.28-1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Singel N, M.		8. DATE OF BIRTH 12-21-1899	
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Armour Co		11. BIRTHPLACE (State or foreign country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John J, Rabbitt		13b. MOTHER'S MAIDEN NAME Margaret Mc Guier		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give No. for dates of service) No		16. SOCIAL SECURITY 327-03-2088		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary C Rabbitt 4020 Nebraska			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma rt. breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 11 yrs.	
19a. DATE OF OPERATION June 1940		19b. MAJOR FINDINGS OF OPERATION Carcinoma rt. Breast - axillary metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? 170X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from June 1940 to Aug 28, 1951 , that I last saw the deceased alive on Aug 28, 1951 , and that death occurred at 7:30 PM from the causes and on the date stated above.			
23a. SIGNATURE Ralph Thompson		(Degree or title) M.D.		23b. ADDRESS 3606 Travis St. St. Louis Mo		23c. DATE SIGNED 8-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. AUG 31 1951		REGISTRAR'S SIGNATURE J. E. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE 3819 S GRAND BLVD			

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

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed, *Geo. J. Anglermuelle Jr.*

Licensed Embalmer No. *4611*

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.