No. 300
10.48

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2979

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0930

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. CHARLES
c. CITY OR TOWN ST. CHARLES
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location) 331a CLAY ST. 0823

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) M.
c. (Last) RABAND

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 31, 1955

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3
8. DATE OF BIRTH FEBRUARY-6-1880
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPTICIAN
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO 0
12. CITIZEN OF WHAT COUNTRY? YES

13a. FATHER'S NAME CHRIST RABAND
13b. MOTHER'S MAIDEN NAME (UNKNOWN)
14. NAME OF ~~HUSBAND OR~~ WIFE BERNICE HOLTZAPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 194-07-1143
17. INFORMANT'S SIGNATURE OR NAME EVELYN GLEASON - ST CHARLES, MO ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 150X

22. *I hereby certify that I attended the deceased from* 11-15-54, 19___, *to* 1-31-55, 19___, *that I last saw the deceased alive on* 1-31-55, 19___, *and that death occurred at* 11:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD. 0
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 2-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
24b. DATE JAN-31-1955
24c. NAME OF ~~CEMETERY OR~~ CREMATORY VALHALLA
24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REG. FEB 1 1955
REGISTRAR'S SIGNATURE J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE PRINSTER-HUGHES FUNERAL HOME James N. Hughes ADDRESS ST CHAS, MO

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1955

STATEMENT BY LICENSED EMBALMER

(no Embalming)

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James N. Hughes .....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.