

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35565**

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>2304</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Normandy (14)</b>		c. LENGTH OF STAY (in this place) <b>81 yrs.</b>		c. CITY OR TOWN <b>Normandy</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Res. 2228 Bergamont</b>				e. STREET ADDRESS (If rural, give location) <b>2228 Bergamot Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>			b. (Middle) <b>CHRISTIAN</b>		c. (Last) <b>FREDRICK RABENORT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5, 1955</b>		
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, A WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 2, 1873</b>		9. AGE (In years last birthday) <b>82</b> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville, Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Rabenort</b>			13b. MOTHER'S MAIDEN NAME <b>Unk.</b>			14. NAME OF HUSBAND OR WIFE <b>Louisa Niehaus</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknowns) (If yes, give year or dates of service) <b>No None</b>			16. SOCIAL SECURITY NO. <b>47-22-7954A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmer W. Rabenort 2228 Bergamot Ave.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>						<b>10-15 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis severe</b> DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerotic heart disease</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332X 4500</b>						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. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>4-19 1955</b> , to <b>10-5 1955</b> , that I last saw the deceased alive on <b>9-29 1955</b> , and that death occurred at <b>2:05 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Richard J. McAllan M.D.</b>				23b. ADDRESS <b>7315 Pasadena St. Louis 21</b>			23c. DATE SIGNED <b>5 Oct 1955</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 7, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		24d. LOCATION (City, town, or county). (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>10-5-55</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Doube M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Alexander &amp; Sons, Inc. 6175 Delmar Bl</b>				

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

4801

Dr. W. M. E. Moore  
7315 Pasadena  
Ev-5-4064  
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *214*

P. O. Address *6175 Bell*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.