

S. No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **514**
Registrar's No. **514**

FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

00
17
9

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2663 Nebraska Ave.
(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 **ELIZABETH ALBERS**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **November 27 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 20 hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER
12. Name **John Luebker**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Regina Meyer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gertrude Bruemmer**
(b) Address **2663 Nebraska Ave.**

17. (a) **Burial** (b) Date thereof **Jan. 20, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS. Peter & Paul Cemetery**

18. (a) Signature of funeral director **A. Kibben, Sec. & Und. Co.**

(b) Address **1842 Maramee St.**

19. (a) **JAN 17 1941** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **1717**
(If outside city or town limits, write "RURAL")
(d) Street No. **2663 Nebraska Ave.** **9**
(If rural, give location) **600**
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **16th**
year **1941** hour **4** minute **40** A. M.

21. I hereby certify that I attended the deceased from **June 1940** to **Jan 16 1941**
that I last saw her alive on **Jan 16 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis 1 yr**

Due to **Senility**
Due to.....

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations.....
Of autopsy.....

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) (c) Means of injury.....

23. Signature **J. H. Oster** (M. D. or other) **D**
Address **3860 A So. Broadway** Date signed **4/17/41**

Duration
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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Robert F. Gebken

Licensed Embalmer No. 4144
2842 Meramec St.
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.