No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8689

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 2090

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: 6900 Pennsylvania ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 117
(d) Street No. 6900 Pennsylvania ave. (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? years 0

3. (a) PRINT FULL NAME Elizabeth Harbke

3. (b) If veteran, name war None — 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles Harbke — 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 7 (Day) 1861 (Year)

8. AGE: Years 80 — Months 1 — Days 28 — If less than one day hr. min.

9. Birthplace Okawville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name William Friedmann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Lay Faith
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Fred Harbke
(b) Address 6900 Pennsylvania

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Okawville, Illinois

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) MAR 5 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1941 hour 2 minute 18 a. M.

21. I hereby certify that I attended the deceased from March 1 1940, to March 5 1941, that I last saw her alive on March 4 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Jones (M. D. or other)
Address 4500 Olive St. Date signed March 5, 41

(Licensed Embalmer's Statement on Reverse Side)

4500 Olive 2-4

Lister Bldg

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 Edwin H Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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

If this body is not embalmed, above space should be left blank.