

No. 2  
-5-43  
5-17-39  
X36671

FILED DEC 29 1944

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Registrar's No. 10747

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5140 Menard 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5140 Menard Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAURA ABITZ ALBITZ

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour 8 minute 29 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Abitz Albitz

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 28 1857  
(Month) (Day) (Year)

Immediate cause of death Generalized Atherosclerosis  
Grubty

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 87 Months 6 Days 17 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Registrar's business \_\_\_\_\_

12. Informant Luzgite Albitz  
(Name) (City, town, or county) (State or foreign country)

14. Maiden name Abitz

15. Birthplace Wahneun  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Elizabeth Cooper  
(b) Address 5140 Menard Ave

17. (a) Burial (b) Date thereof May 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belfair

23. Signature John J. Brudack (Specify type of place) \_\_\_\_\_ (e) Years of experience \_\_\_\_\_  
Address 1301 Date signed \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 1389 Union St

19. (a) DEC 17 1944 (b) J. J. Brudack  
(Date received local registrar) (Registrar's signature)

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

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Ronald Yabike*  
.....  
Licensed Embalmer No. *3917*

P. O. Address.....

**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.**

State of Missouri  
City of St. Louis }  
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10<sup>th</sup> day of October, 1946, before me appears Joseph F. Quinn, who, upon his oath, states that the original record of birth for Laura Ablitz died December-15, 1944, in the State of Missouri, and which was filed at St. Louis on Dec-17, 1944, should be corrected as follows:

Item No. 3-A should read Laura Ablitz

Instead of Laura Ablitz

Item No. 6-B should read George Ablitz

Instead of George Ablitz

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Joseph F. Quinn  
None Relationship.  
1389 Union Blvd.  
Present Address.

Subscribed and sworn to before me this 10 day of October, 1946.

My Commission expires My Commission Expires April 8, 1950  
Joseph Michael Quinn Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

39115

