. S. No. 2
OM—8-43
v. 5-17-39
o I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11221

State File No.

Primary Registration District No. 1003

Registrar's No. 3913

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: Bethesda General
(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 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3616 Dover
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Ida Flebbe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Albert Flebbe

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

7. Birth date of deceased 3 (Month) 1 (Day) 97 (Year)

8. AGE: Years 48 | Months 2 | Days 0 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Lita Schuenkopf
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Albert Flebbe
(b) Address ~~Albert Flebbe~~ 3616 Dover

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem

18. (a) Signature of funeral director Fred Heilig
(b) Address Kinmundy Mo.

19. (a) MAY 2 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1945 hour 7 minute 5 A.M.

21. I hereby certify that I attended the deceased from April 14th 1945 to May 1st 1945 that I last saw h. ex. alive on April 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Duration 3 days

Due to Varicosity of esophageal veins

Due to Cirrhosis of liver 8 years

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 Ernest Younger (M. D. or other) M.D.
Address Bethesda Hosp. Date signed May 1 1945

(Licensed Embalmer's Statement on Reverse Side)

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 John Retter

Licensed Embalmer No. 3880

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.