

FILED JUN 5 1947  
318

1003

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:  
Carrie Elligson Gietner Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 1/2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
5000 S. 19th (If outside city or town limits, write "RURAL")  
(d) Street No. 4222 Osceola Street (116) 9  
15 (If rural, give location)  
(e) If foreign born, how long in U. S. A? No years.

3. (a) PRINT FULL NAME Elena C. Dubbs

3. (b) If veteran, name war none 3. (c) Social Security No. 497-03-827

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry G. Dubbs. 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased Apr. 25 1876.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>28</u>	hr. min.

9. Birthplace Mine LaMotte Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Nis Christian Hansen 4

13. Birthplace Denmark (City, town, or county) (State or foreign country)

14. Maiden name Augusta M. Christiansen

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

16. (a) Informant Mrs. Frank Dietz.

(b) Address 4222 Osceola Street.

17. (a) Burial (b) Date thereof 5-26-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) MAY 26 1947 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1947 hour 6:15 minute 35 P. M.

21. I hereby certify that I attended the deceased from Oct 30  
21 1947 to May 23 1947  
that I last saw her alive on May 23 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 44-70

Due to Chr. Osteo Arthritis ?

Due to Arterial Hypertension ?

Other conditions (Includes pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

Duration  
44-70  
?  
?  
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? \_\_\_\_\_

While at work (Specify type of place) (c) Means of injury None

23. Signature J. C. Henschler (M. D. or other) 1  
Address 5000 S. Broadway Date signed 5/24/47

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

MOTHER FATHER

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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 C. Johnke.

Licensed Embalmer No. 3917

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, above space should be left blank.**