S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33292

Registrar's No. 2063

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Nursing Home 4
(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 Missouri (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1019 McCausland Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME CHRISSIE M. HABENICHT

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 2

6. (b) Name of husband or wife Alva E. Habenicht

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

7. Birth date of deceased September 13 (Month) (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	0	20	..... hr. ..... min.

9. Birthplace Evansville (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Fred Karges
13. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Anna Boehne
15. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant F. K. Habenicht
(b) Address 138 S. Gore Ave., Webster Groves

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Evansville, Indiana

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., University City

19. (a) 10-6-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd year 1947 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 10, 1947, to Oct 3, 1947 that I last saw her alive on Oct 3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemiplegia	
Due to 83d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 .....

Signature G. T. Mueller (M. D. or other)

Address 3507 Pocoma Date signed 10-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1944

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood 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.