FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20624

Registrar's No. 5266

50 0 0 1

1. PLACE OF DEATH:

(a) County

(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: LUTHERAN HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: JEFFERSON

(c) City or town: RURAL
(If outside city or town limits, write "RURAL")

(d) Street No.: NEAR BEEK MO
(If rural, give location)
N.R.

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

If yes, name country: — — —

3. (a) PRINT FULL NAME: ORA A. AVERBECK

3. (b) If veteran, name war: —

3. (c) Social Security No.: NONE

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: JOHN AVERBECK

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

7. Birth date of deceased: JUNE (Month) 27 (Day) 1903 (Year)

8. AGE: Years 44 Months 11 Days 10 If less than one day hr. min.

9. Birthplace: WARREN Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business:

MOTHER FATHER

12. Name: WILLIAM C. RIDDER

13. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

14. Maiden name: ALVINA OFFEL

15. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant: JOHN AVERBECK

(b) Address: ARNOLD MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JUNE 10 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: ST. JOHNS CEM. BECK MO

18. (a) Signature of funeral director: HEILIGTAG FUNERAL HOME

(b) Address: KIMMSWICK MO

19. (a) JUN 6 1948 (Date received by registrar) (b) J. F. Broaddus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7 year 1948. hour 11. minute 25 P. M.

21. I hereby certify that I attended the deceased from May 31, 1948, to June 7, 1948, that I last saw him alive on June 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diffuse Generalized Peritonitis	10 days
Due to: Large Left Ovarian Abscess	
Due to: 1 2 4	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Large Ovarian Abscess & Generalized peritonitis
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:

23. Signature: Morris Herman (M. D. or other) MD

Address: 3701 Gravois Avenue Date signed: 6/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

9325

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 Arthur W. Hedington

Licensed Embalmer No. 3872

P. O. Address Brunswick Me.

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.