

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33356
Registrar's No. 66

FILED NOV 12 1948 62
Registration District No. _____

Primary Registration District No. 5594

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

1. PLACE OF DEATH: JEFFERSON
(a) County JEFFERSON
(b) City or town RURAL DITTMER Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWN HOME 1 MERAMEC TOWNSHIP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County JEFFERSON
(c) City or town RURAL MERAMEC TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. DITTMER Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH HELEN TORBITZKY
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 1
year 1948 hour _____ minute 9 A.M.
21. I hereby certify that I attended the deceased from Never
attended her, 19____, to _____, 19____;
that I last saw her 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 MARRIED
6. (b) Name of husband or wife ALFRED B. TORBITZKY
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased SEPT. 28 1868
(Month) (Day) (Year)

Immediate cause of death
Myocarditis.
Arterio Sclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 1 Days 3
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation HOUSEWIFE
11. Industry or business OWN HOME
12. Name HERMAN BRUNS JR
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name ANNA KARSTEN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred B. Torbitzky
(b) Address DITTMER - Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-3-48
(Month) (Day) (Year)
(c) Place: burial or cremation St. MARTIN'S Cem. DITTMER Mo.
18. (a) Signature of funeral director John McJimmes
(b) Address Home Springs Mo.
19. (a) Nov 5-48 (b) Phil J. Park
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury A
23. Signature J. B. Edwards (M. D. or other) Coroner
Address Edgar Hill Date signed 11/2/48

RECEIVED
DISTRICT HEALTH CAREER NO. 9,
DISTRICT FILE NUMBER NOV 10 1948
Date Filed

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

W. M. Brimmer

Licensed Embalmer No. *1470*

P. O. Address *House Springs 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.