N. B.—Every item of information should be carefully supplied. Avoid use of words such as "Heart Failure" as the sole statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 3 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42727

791

File No. 11244

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No.

Primary Registration District No.

(No. St. Anthony's Hospital St. Ward)

2. FULL NAME Elizabeth Lillian Duebelbeis

(a) Residence, No. #47 Grantwood Terrace St. N.R. Ward. Afton Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Duebelbeis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME John Beverly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo.

MOTHER

15. MAIDEN NAME Mary L Mear

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT George Duebelbeis
(ADDRESS) #47 Grantwood Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's Cem DATE 11-14 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED NOV 2 1936 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1936

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1935 to Nov. 12, 1936

I last saw her alive on Nov. 12, 1936. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	
Duration : 3 months	

Other contributory causes of importance:

Chronic Interstitial Nephritis.	
Duration: 2 years.	

Name of operation -------- Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

clinical and laboratory findings.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) 3606 Gravois Avenue.

MARGIN RESERVED FOR BINDING