

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

32340

Do not use this space.

OCT 14 1937

791  
1003

Registered No. 8394

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Mo (d) Street No. 6114 West Park St. St. Louis Mo  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Agnes Labitske

(a) Residence, No. 6114 West Park St. 4 St. Louis Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gattlieb Labitske  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1859  
 7. AGE YEARS 78 MONTHS 6 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) 5 days 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN). Germany  
 (STATE OR COUNTRY)

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN). Germany  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN). Germany  
 (STATE OR COUNTRY)

17. INFORMANT Edward Labitske  
 (ADDRESS) 6114 West Park

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mathews DATE sept 8 1937

19. FUNERAL DIRECTOR Kriegshauser Unt Co  
 (ADDRESS) 4228 So Kinhigh way Blvd

20. FILED SEP 7 1937

J. Bredeck  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1937, to 9-5, 1937.

I last saw him/her alive on 9-5, 1937. Death is said to have occurred on the date stated above, at 4:03 P.M.

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

Lobar Pneumonia

Date of onset 8/28/37

Other contributory causes of importance: 108

Name of operation None Date of None  
 What test confirmed diagnosis Physical Exam Was there an autopsy? No

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? Yes

If so, specify Hay fever (Signed) J. Bredeck M. D.

(Address) 3458 S. Grand Bl

Dr. Hoff 1 o'clock

Mr. Hoffmeister  
395-811 to Grand  
1-3

STATEMENT BY LICENSED EMBALMER

I, Reinhold K. Lohmann, Licensed Embalmer No. 3395

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

**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.)**