DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13639

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 3841

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: JEWISH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 6 MONTHS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State NEW YORK (b) County BRONX

(c) City or town NEW YORK NR (If outside city or town limits, write "RURAL")

(d) Street No. 36 W. 184th. St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? —— years.

3. (a) PRINT FULL NAME KATHERINE RYBITZKI 132

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife NORMAN RYBITZKI

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 11 (Month) 1875 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	6	16	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name BENEDICT BEEHLER
13. Birthplace MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA E. DIEHL
15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Norman Rybitzki

(b) Address 36 W. 184th. St. New York. N.Y.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 29, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director PEETZ BROS.

(b) Address 3029 LAFAYETTE AVE.

19. (a) APR 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day April year 1940 hour 11.30 minute A M.

21. I hereby certify that I attended the deceased from 4-10-4 ——, 19—, to 4-27-40, 19—; that I last saw her alive on 4-27-40, 19—; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Internal hemorrhage	
Due to Cholecystectomy + stones choledochotomy	
Due to	
Other conditions (Include pregnancy within 3 months of death) 126	
Major findings: Of operations	
Of autopsy not allowed	

PHYSICIAN — Underline the cause to 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 W. Alexander Smith (M.D. or other)

Address Webster Grove Date signed 4/27/1940

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Frank J. Queen

Licensed Embalmer No. 2224

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.