

13-40  
17-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27083**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6979**

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: **3918 @ Michigan Avenue** **2**  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **ELIZABETH BORDEAUX**

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 **widowed**

6. (b) Name of husband or wife **Antone**

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

7. Birth date of deceased **May 1 1863**  
(Month) (Day) (Year)

8. AGE: **77** Years **3** Months **16** Days **0** hr. **0** min.

9. Birthplace **St. Louis, Mo.** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Ullrich Gerber**

13. Birthplace **Switzerland** **7**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dont know**

15. Birthplace **Dont know** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Arnold Bordeaux**

(b) Address **3918 @ Michigan Avenue**

17. (a) **Burial** (b) Date thereof **8/19/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem**

18. (a) Signature of funeral director **J. A. Bredbeck**

(b) Address **2842 Meramec street**

19. (a) **AUG 18 1940** (b) **J. A. Bredbeck**  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis** **24**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3918 @ Michigan Avenue**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17th**  
year **1940** hour **7** minute **25** A. M.

21. I hereby certify that I attended the deceased from **Oct 15**  
**1938** to **Aug 17<sup>th</sup>** **1940**;  
that I last saw her alive on **Aug 17<sup>th</sup>** **1940**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Ingranulitis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **Frank J. Seaver M.D.** (M.D. or other) \_\_\_\_\_  
Address **3924 3<sup>rd</sup> Street** Date signed **8/17/40**

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

**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.....

*Robert F. Gebken*

Licensed Embalmer No. 4144  
2842 Meramec Street  
P. O. Address St. Louis, Mo.

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

**If this body is not embalmed, fact should be so stated above.**