

JAN 15 1941 701
Registration District No. _____

Primary Registration District No. **1003-**

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:
1214 S. 9th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years years, months or days)

3. (a) PRINT FULL NAME Louisa Labbe

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Anton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 12 hr. min.

9. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wilhelm Miller

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Madeline Rueff

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Trende

(b) Address 1214 S. 9th Street

17. (a) Funeral (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camphell Mrs.

18. (a) Signature of funeral director J. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) DEC 8 1948 (Date received local registrar) J. H. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 1214 S. 9th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1940 hour 2 minute 4 A. M.

21. I hereby certify that I attended the deceased from Oct 10
Oct 10, 1940, to Dec 6, 1940
that I last saw her alive on Dec 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions MI
(Include pregnancy within 3 months of death)

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 1

23. Signature Robt. O. Urban (M. D. or other) _____
Address 3665 So. Broadway Date signed 12-6-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *L. R. Casper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.