

STANDARD CERTIFICATE OF DEATH

State File No. 12949

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3379

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 7 mos. 6 dy
(Specify whether years, months or days)
In this community About 7 yrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County 000
(c) City or town St. Louis, Missouri 173
(If outside city or town limits, write "RURAL")
(d) Street No. 4223 Ellenwood 5400 Arsenal
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME PHYLLIS VonDEBSKI

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Theodore Joseph VonDebski 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 4, 1964
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 - 13 hr. min.

9. Birthplace Fleberg Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Lois Schulz

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

14. Maiden name Catherine Nielsen

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

16. (a) Informant Lilly Noth

(b) Address 5400 Arsenal St.

17. (a) burial (b) Date thereof 4-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Jay E. Smith

(b) Address 7456 Manchester Ave

19. (a) APR 18 1941 (b) J. T. Brodeur
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 17th
year 1941 hour 8.15 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 12, 1938 to March 17, 1941
that I last saw her alive on March 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Myocardial Degeneration 9-12-38-x
Due to Senility: 9-12-38-x

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy NO

Duration
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?

While at work? (Specify type of place) (c) Means of injury 0
23. Signature A. K. Burch, M.D. (M. D. or other)
Address City San. Date signed 4/17/41

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

Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.