

FILED SEP 18 1942 318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7534

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:  
City 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.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(If outside city or town limits, write "RURAL")

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

(d) Street No. 3020a Lemp  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Romaine Jesse Libbra

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th  
year 1942 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex Female / race White

5. Color or race White

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

6. (b) Name of husband or wife Pete

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

7. Birth date of deceased Jan. 18 1919  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

23 7 20 hr. min.

Due to Brain Tumor

Due to Metastasis of

Other conditions (Include pregnancy within 3 months of death) 56

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

10. Usual occupation Housewife

11. Industry or business.....

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Esper Woodland

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

14. Maiden name Amelia Schmidt

15. Birthplace Mt. Olive, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Libbra

(b) Address Litchfield, Illinois

17. (a) Removal (b) Date thereof 9/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Litchfield, Illinois

18. (a) Signature of funeral director Albert H. Hoppeinc.

(b) Address 4700 Washington Ave.

19. (a) SEP 9 1942 (b) J. P. Brebeck  
(Date received local registrar) (Registrar's signature)

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.....

23. Signature Thomas J. Collins (M. D. or other).....  
Address Esper, Litchfield Date signed 9/11/42

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

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**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.....

*W. Wilkinson*

Licensed Embalmer No..... 3575

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.**