

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4889

State File No.

Registrar's No.

Registration District No. 318

Primary Registration District No. 1002

1934

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmen DeLodge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day.
In this community 50 Years In St. Louis
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LEMIA WAHBY

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 Joseph Wahby 57 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Dec 12, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 13 hr. min.

9. Birthplace Syria 8
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Joseph Webba

13. Birthplace Syria 8
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Nassif
15. Birthplace Syria 8
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Wahby
(b) Address 1006 Chouteau Ave.

17. (a) Burial (b) Date thereof Nov 1 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thompson & Son

(b) Address 2906 Grayoia Ave.

19. (a) FEB 27 1934 (b) J. J. Brebeck
(Date Received Local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street 1006 Chouteau Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1943 hour 9 30 P. minute..... M.

21. I hereby certify that I attended the deceased from Jan 16 1939 to Feb 20 1943
that I last saw him alive on Feb 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis 4yrs.

Due to.....
Due to.....

Other conditions Ovarian cyst probably 100 lbs weight
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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)
(e) Means of injury.....
23. Signature J. J. Brebeck (M. D. or other) MD
Address 2906 Grayoia Ave Date signed 2-27-43

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

Schirndewolf

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.....

Thos. Curtis

Licensed Embalmer No. *1619*

P. O. Address.....

3906 Garas

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.