

S. No. 2
OM-2-43
v. 5-17-39
1 x356

12299

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **4280**

FILED MAY 14 1943 18
Registration District No. _____

Primary Registration District No. _____

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

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:
Missouri Baptist 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 **Illinois** (b) County **Randolph** **999**

(c) City or town **Evansville** **NR 11**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **2**

3. (a) PRINT FULL NAME **Louisa Hanebutt**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **October 31 1866**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	6	6	br. _____ min.

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

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER {

12. Name **Konrad Hubener**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Konradine Danmeyer**

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Irene Kruse**

(b) Address **Evansville, Illinois**

17. (a) **Removal** (b) Date thereof **5/7/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evansville, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 7 1943** (b) **JT Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **1943** hour **8** minute **29** P. M.

21. I hereby certify that I attended the deceased from **April 29 1943** to **May 6 1943**, that I last saw her alive on **May 6 1943** and that death occurred on the date and hour stated above.

Immediate cause of death:

Acute Hepatitis	Duration 2 days
Due to Acute Cholecystitis	2 weeks
Due to Gall stones	20 yrs

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **Acute Infectious Gall Bladder**
Of operations **Gall stones**

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)

Means of injury _____

23. Signature **Burland H. Shutt** (M. D. or other) **240**
Address **508 N. Grand Blvd** Date signed **5/7/43**

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 J. Allen Davis Jr
Licensed Embalmer No. 4053

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.