S. No. 2
0M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE [illegible] H OF MISSOURI
STANDARD [illegible] TE OF DEATH

State File No. 4337

FILED FEB 7 1944

Registration District No. B 1944 Primary Registration [illegible] No. 6076 Registrar's No. 239

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home - Div. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six Mo. 20 Days (Specify whether
In this community Six Mo. 20 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #-50
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Anna Jabin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred Jabin

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

7. Birth date of deceased Jan. (Month) 30 (Day) 1865 (Year)

8. AGE: Years 78 Months 11 Days 27 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Housewife

FATHER
12. Name Ludwig Wrothmann
13. Birthplace ? (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ? (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. C. B. Alt
(b) Address 2123-Cherry, Normandy, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Cumbo Cem. Cumbo, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) JAN 29 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1944 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from August 7th 1943 to Jan 27 1944 that I last saw her alive on Jan 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arterio - Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Jansen (M. D. or other)
Address Manchester, Mo Date signed 1/27/44

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(Licensed Embalmer's Statement on Reverse Side)

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.....Geo. Schrader.....

Licensed Embalmer No. 3066.....

P. O. Address Ballwin, Mo.

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.