

FILED DEC 9 1944
378

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10269

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 61 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5951 Park Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Lydia E. Horstbrink

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

20. DATE OF DEATH: Month Nov. day 30th
year 1944 hour 10 minute 15 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Horstbrink 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased October 19 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 26 1944 to Nov 30 1944
that I last saw her alive on Nov 30 and that death occurred on the date and hour stated above.

Immediate cause of death Sub Hepatic Abscess Duration 2 wks

8. AGE: Years Months Days If less than one day
61 1 11 hr. min.

Due to Cholecystitis South

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to Heart

10. Usual occupation Housewife

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

11. Industry or business

Major findings: Abscess as above
Of operations stated

12. Name Wm. Duewel
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

Of autopsy none

14. Maiden name Ink. Mulhausen
15. Birthplace Mascoutah Illinois
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Wm. Horstbrink
(b) Address 5951 Park Lane
17. (a) Burial (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

(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.....

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.
19. (a) DEC 1 1944 (b) J. P. ...
(Date received local registrar) (Registrar's signature)

23. Signature: John P. ... (M. D. or other)
Address: 508 N. Grand Date signed 12-1-44

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

MOTHER FATHER

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..... *Alfred J. Brediker*
Licensed Embalmer No. *2663*
P. O. Address..... *5934 Alpha*

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.