. No. 2
—8-43
5-17-39
I X37823

58
00
17
9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11883

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3595

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: St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96
(c) City or town ~~St. Louis Co.~~ - Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 819 Pardella Ave. 0
(If rural, give location)
(e) Citizen of foreign country? NR 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Audry Jean Verbeck
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race wh.
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13 (Day) 1944 (Year)

8. AGE: Years 1 Months 0 Days 8 If less than one day hr. min.

9. Birthplace St. Louis Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business none
FATHER
12. Name Henry L Verbeck
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Melba F Keutzer
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Melba F Verbeck
(b) Address 819 Pardella
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/45. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem.
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address APR 23 1945 7420 Michigan Ave.
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 20 day 21
year 1945 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from 4-16-45, 19, to 4-21-, 1945;
that I last saw her alive on 4-21-45, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute dilation of heart	6 hrs.
Due to: Trauma needle penetrated heart (entered from chest wall)	4 days prior to death
Due to:	
Other conditions (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) accident 096
(b) Date of occurrence 4-16-45
(c) Where did injury occur? Lemay (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? (e) Means of injury
23. Signature Erwin D. Greulins (M. D. or other)
Address 748 Lemay Ferry Rd Date signed 4/23/45

(Licensed Embalmer's Statement on Reverse Side)

Gracelins

Enb separate cert filed.

APR 23 1945

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.....

Licensed Embalmer No.....

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.