

U. S. No. 2
DOM-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14890**
Registrar's No. **3658**

FILED MAY 2 1946

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **50**

(c) City or town **Kimmswick**
(If outside city or town limits, write "RURAL") **NK0**

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

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Barbara Kerbel**

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 **Widow**

6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Feb. 3 1865**
(Month) (Day) (Year)

8. AGE: Years **81** Months **2** Days **16** If less than one day hr. min.

9. Birthplace **Unknown Hungary**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business.....

MOTHER, FATHER { 12. Name **Peter Deffert**

13. Birthplace **Unknown Hungary**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Tabor**

15. Birthplace **Unknown Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nick Kerbel**
3868 Marine

(b) Address **Burial** **4/22/46**

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

(c) Place: burial or cremation **O. SS Peter & Paul**

18. (a) Signature of funeral director **Wacker-Heldrich**

(b) Address **3634 Gravois Ave.**

19. (a) **APR 22 1946** (Date received local registrar) **F. Brodeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19** year **1946** hour **11** minutes **20** A. M.

21. I hereby certify that I attended the deceased from **April 17 1946** to **April 19 1946** that I last saw her alive on **April 19 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Chronic Nephritis**

Due to **Arterio sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1/21**

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) (Specify type of place) (Years of injury)

23. Signature **Otho C. Parker** (M. D. or other) **4/20/46**

Address **3157^a Parkar** D. signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13750

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address St. Louis 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.