

S. No. 2
1-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22168

State File No. _____

FILED JUN 26 1946
318

Primary Registration District No. _____

1003

Registrar's No. 5274

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Hours
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna Scheibal

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 Married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 28th 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>11</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph Pletka

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

14. Maiden name Anna Sebeck

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

16. (a) Informant Kenneth C. Scheibal

(b) Address 3743a West Pine Blvd.

17. (a) Burial (b) Date thereof June 14th 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Paul Cen.

18. (a) Signature of funeral director John H. Kubler Sons
(b) Address 2630 Gravois Ave.

19. (a) JUN 13 1946 (b) _____
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2824a Iowa Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1946 hour 11,20 minute P M.

21. I hereby certify that I attended the deceased from June 4, 1946 to June 10, 1946, that I last saw her alive on June 10, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 2 days

Due to Carcinoma of Sigmoid

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Carcinoma of Sigmoid Colon

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 Durant Benjamin (M. D. or other) _____
Address 7430 Virginia Ave. Date signed 6/14/46

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

21001

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 F. Gebken*

Licensed Embalmer No. *4144*

P. O. Address *2630 Lewis*

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.