S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1946

State File No. 22194

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5366

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:
4485 San Francisco Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town St. Louis 101
(If outside city or town limits, write "RURAL")

(d) Street No. 4485 San Francisco Ave. 90
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lillian M. Serbi

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 William F. Serbi

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 8 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	8	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Bender 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant William J. Serbi
(b) Address 4485 San Francisco Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUN 17 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 7 minute 8 A.M.

21. I hereby certify that I attended the deceased from November 18, 1938, to June 16, 1946; that I last saw her alive on June 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 wks.

Due to Metastases to brain

Due to Carcinoma of rt. breast

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

50

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 U

23. Signature Joseph F. Tuggy (M. D. or other) M.D.
Address 508 N. Grand Blvd. Date signed 6/17/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted] Bldg.,
Metropolitan Bldg.,

1 to 5

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St Louis

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.