

S. No. 2  
M-12-45  
v. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36507

FILED OCT 15 1947

State File No. 0

Registration District No. 377

Primary Registration District No. 3066

Registrar's No. 2122

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

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town Kirkwood,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Agnes Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Years  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6415 Blow St. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Lind

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 Widowed

6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 20 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 1 17 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 Dont Know, Ruebbelke

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

14. Maiden name Dont Know, Mary Kuhlmeier

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

16. (a) Informant Leo G. Lind

(b) Address 6415 Blow St.

17. (a) Burial (b) Date thereof 10/10/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) 10-10-47 (b) Elizabeth Lind  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th  
year 1947 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 1944 to Oct. 7 1947  
that I last saw him alive on Oct 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death consequence of breast (right) 4 years

Due to \_\_\_\_\_  
Due to 50

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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)  
(e) Means of injury \_\_\_\_\_

23. Signature E. J. Volkmann (M. D. or other) MD  
Address 52 W. Big Bend Date signed 10/27/47

OCT 1 1961

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**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John E. Percy  
.....  
Licensed Embalmer No. 4094  
.....  
P. O. Address 2842 Meramec St.  
.....

**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.**