V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39781

FILED DEC 6 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10682

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

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: Deaconess 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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jefferson
(c) City or town: Hillsboro (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Christina Hubeli
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: John Hebeli
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 26 (Day) 1863 (Year)

8. AGE: Years 84 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace: Hillsboro (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business

MOTHER FATHER
12. Name: John Gehring
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Anna Marie Mueller
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Rheinhold H Hubeli
(b) Address: 4908 Hummelsheim
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillsboro, Mo.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) NOV 20 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1947 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from 10-5- 1947 to 11-18- 1947 that I last saw her alive on 11-18- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac failure — cardiac fibrillation
Due to: Senility
Due to:
Other conditions: Intracranial
(Include pregnancy within 3 months of death)
fracture, right femur
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause of 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
(b) Date of occurrence: About 11-3-47
(c) Where did injury occur? Hillsboro, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (c) Means of injury: Fall

23. Signature: Robert Kurth (M. D. or other) M.D.
Address: 916 Mo. Theat. Bldg. Date signed 11-18-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Elmo R. Cadwell.....

Licensed Embalmer No.....4077.....

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.