No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7404

Registrar's No. 492

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home and Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community: 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 91
(c) City or town: Wellston
(If outside city or town limits, write "RURAL")
(d) Street No.: 6449 Derby
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Fred Charles Labitzke
3. (b) If veteran, name war: No.
3. (c) Social Security No.: 493-07-3324
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Seymour Labitzke
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: August (Month) 7 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	6	11	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Bag Pressman (Retired)
11. Industry or business: Missouri Bag Company
FATHER
12. Name: William Labitzke
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Meta Ricter
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Fred C. Labitzke
(b) Address: 6449 Derby Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Laurel Hill Gardens
18. (a) Signature of funeral director: Robert J. Ambruster,
(b) Address: Clayton Rd. at Concordia Lane
19. (a) 2-21-48 (Date received local registrar) (b) Carl G. Harf M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 18
year: 1948 hour: 12 minute: P M.
21. I hereby certify that I attended the deceased from Feb 7, 1948, to Feb 18, 1948, that I last saw him alive on Feb 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to: Senility	
Due to: Hard arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): 167	

Major findings:
Of operations:
Of autopsy:

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):
(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: O. H. Berry (M. D. or other)
Address: Creve Coeur Mo Date signed: 2-19-48

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.