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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17773

Registrar's No. 4933

WRITE PLAINLY—USE 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:
5589 Bartmer Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5589 Bartmer 9
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BABETTE LORIG

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sam Lorig

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

7. Birth date of deceased JANUARY (Month) 17 (Day) 1888 (Year)

8. AGE: Years ab. 60 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Obermmel (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation at home

11. Industry or business

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

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

16. (a) Informant Herbert Lorig
(b) Address 5589 Bartmer

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Brith Sholom

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Ave.

19. (a) MAY 30 1948 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th year 1948 hour 12 minute 30 a M.

21. I hereby certify that I attended the deceased from January, 1948, to May 30, 1948; that I last saw her alive on May 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis from Carcinoma of Cesarea

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. G. Prolstein (M. D. or other)

Address Fisher Bldg Date signed 5/30/48

(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 Lewis Ludwig

Licensed Embalmer No. 4529

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.