

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 5919  
1743

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>23 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>5930 Wanda</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5930 Wanda</u>				d. STREET ADDRESS (If rural, give location) <u>5930 Wanda</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u>		b. (Middle) <u>Arthur?</u>		c. (Last) <u>Averbeck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 22, 1881</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>0</u> IF UNDER 4 HRS. Hours <u>0</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DUSTRY</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Edward Averbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Oldendorph</u>		14. NAME OF HUSBAND OR WIFE <u>Marie C. Averbeck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Averbeck 5930 Wanda</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of sigmoid.</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 6 months or more</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? <u>46</u> <u>153-X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>46</u> <u>153-X</u>			
22. I hereby certify that I attended the deceased from <u>Dec 10 - 1948</u> , to <u>Feb. 22, 1949</u> , that I last saw the deceased alive on <u>Feb. 22 - 1949</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Marie C. Averbeck</u> (Degree or title) _____				23b. ADDRESS <u>3606 Travis av.</u>		23c. DATE SIGNED <u>2/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>FEB 24 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lister</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John L. Ziegenhein &amp; Sons 7027 Gravois</u>			

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

2

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*W. G. Peterson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3767*

P. O. Address \_\_\_\_\_

*7027. Gravois*

**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.