

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43195**
11126
Registrar's No. **11126**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Illinois b. COUNTY Monroe	
b. CITY (If not a corporate entity, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Rural Road Dist 5	
c. LENGTH OF STAY (In this place) 5 weeks		d. STREET ADDRESS (If rural, give location) Columbia Ill Rural Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran			

3. NAME OF DECEASED (Type or Print) a. (First) Louise	b. (Middle) —	c. (Last) Mostbacher	4. DATE OF DEATH (Month) (Day) (Year) 12 15 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 4 1868	9. AGE (In years less birthday) 83	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 4 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, etc. If retired) housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Frank Hermann	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE Martin Mostbacher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Josephine Schmidt	ADDRESS Columbia Ill
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis left lung; 2 1/2 left		
	ANTECEDENT CAUSES fever suffered when deceased fell while getting out of truck fire yard of home		
DUE TO (c) Columbia Ill, Nov 10 1951		II. OTHER SIGNIFICANT CONDITIONS exact time unknown	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUFFIX OR HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yard	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Ill
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21d. TIME OF INJURY Nov 10 51 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 8340
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **200 P.m.**, from the causes and on the date stated above. **33**

23a. SIGNATURE Joseph M. Zura	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/17/51	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Columbia Monroe Ill
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25. REC'D BY LOCAL REG. DEC 17 1951	REGISTRAR'S SIGNATURE J. M. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Josephine F. Schmidt	ADDRESS Columbia Ill
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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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben Baldwin

Licensed Embalmer No. 2770

P. O. Address East St. Louis

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.