No. 300
10.48

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5378

State File No. .....

362

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
c. LENGTH OF STAY (in this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hermann 0371 1
d. STREET ADDRESS (If rural, give location) 408 Market St

3. NAME OF DECEASED (Type or Print)
a. (First) PAULINA
b. (Middle)
c. (Last) LABOUBE

4. DATE OF DEATH (Month) (Day) (Year) Feb. 10 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 24, 1885
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and State or Foreign Country) Berger, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Michael Weiland
13b. MOTHER'S MAIDEN NAME Catherine Mueller
14. NAME OF HUSBAND OR WIFE Joseph Laboube

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-18-0989
17. INFORMANT'S SIGNATURE OR NAME Hugo H. Blumer, **ADDRESS** Hermann, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphs-Sarcoma — INTERVAL BETWEEN ONSET AND DEATH 2 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2001

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 11, 1953, *to* Feb 10, 1953, *that I last saw the deceased alive on* Feb 10, 1953, *and that death occurred at* 5 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Ind & Elm, Washington Mo
23c. DATE SIGNED 2-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-13-53
24c. NAME OF CEMETERY OR CREMATORY Old St. Paul's Cem.
24d. LOCATION (City, town, or county) (State) Berger, Mo

DATE REC'D BY LOCAL REG. Feb. 12, 1953
REGISTRAR'S SIGNATURE F. C. Heidmann by F. C. Heidmann Dep. 99-0
25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Blumer **ADDRESS** Hermann, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student _____
Student Embalmer

Signed August H. Deimer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.