

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11637

FILED MAR 31 1953

State File No. 11637
Registrar's No. 2689

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		a. STATE Missouri	
c. LENGTH OF STAY (in this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239	
		d. STREET ADDRESS (If rural, give location) 23 1306a Geyer Av 0	

3. NAME OF DECEASED (Type or Print)	a. (First) LOUISE	b. (Middle)	c. (Last) HABICH	4. DATE OF DEATH (Month) (Day) (Year)	MARCH 9, 1953
5. SEX	Female	6. COLOR OR RACE	White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Single 0
8. DATE OF BIRTH	Aug 24 1880	9. AGE (In years last birthday)	72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Housewife
11. BIRTHPLACE (City and State or Foreign Country)	St Louis Mo.	12. CITIZEN OF WHAT COUNTRY?	U S	10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME	Ignatz Habich	13b. MOTHER'S MAIDEN NAME	Carolina Lamm	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	Frances Habich
18. CAUSE OF DEATH	18. CAUSE OF DEATH			17. ADDRESS	
Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Carcinomatosis - primary site				
II. OTHER SIGNIFICANT CONDITIONS	Antecedent causes				
Conditions contributing to the death but not related to the disease or condition causing death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b)			Unknown	
	DUE TO (c)				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1999

22. I hereby certify that I attended the deceased from 2-16-53, 19__, to 3-9-53, 19__, that I last saw the deceased alive on 3-9-53, 19__, and that death occurred at 1:25A m., from the causes and on the date stated above.

22a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James B. Strachan, Jr., M.D.		1515 Lafayette Avenue	3-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	3/11/53	Missouri Crematory	St Louis Mo.

DATE REC'D BY LOCAL REG. MAR 10 1953	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	Carl Smith M.D.	Moydell Funeral Home	1926 Allen Av

(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 *John A. Starnam*

Licensed Embalmer No. 4533

P. O. Address *Low M*

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.