No. 300
10.49

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

FILED MAR 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12039

BIRTH NO. 11867 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2050

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 11HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2019
d. STREET ADDRESS (If rural, give location) 6413 Minnesota Ave. 0

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

4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH February 20, 1953

9. AGE (In years last birthday) | If under 1 year: Months | Days | If under 24 hrs.: Hours 11 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo, 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank Misbauer

13b. MOTHER'S MAIDEN NAME Elvera Mutschler

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT'S SIGNATURE OR NAME Frank Misbauer **ADDRESS** 6413 Minnesota Ave.

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) Hyaline membrane of alveoli of lungs — | INTERVAL BETWEEN ONSET AND DEATH: Since Birth

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) causing fatal anoxia —

DUE TO (c) Hydrothorax & ascites

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Prematurity 28 wks (wt 3 lbs)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

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? 774X

22. *I hereby certify that I attended the deceased from* 2/20, 1953, *to* 2/21, 1953, *that I last saw the deceased alive on* 2/20, 1953, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) 0

23b. ADDRESS 3804 Wilmington Ave

23c. DATE SIGNED 2/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/23/53

24c. NAME OF CEMETERY OR CREMATORY St. Peter & Pauel Cemetery

24d. LOCATION (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. FEB 24 1953

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons **ADDRESS** 2630 Gravois Ave.

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert F. Gilbert

Licensed Embalmer No. 4144

P. O. Address 2630 Grove's

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.