No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6501

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2101

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

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3225 N. Florissant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2264 0
d. STREET ADDRESS (If rural, give location) 1426 Mallinckrodt 26

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) A. c. (Last) Lubbers

4. DATE OF DEATH (Month) 3 (Day) 6 (Year) 1954

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 4-9-1882
9. AGE (In years last birthday) 71 | 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) Herman Housework
10b. KIND OF BUSINESS OR INDUSTRY None-Jennings
11. BIRTHPLACE (City and State or Foreign Country) Florissant, Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Abeln
13b. MOTHER'S MAIDEN NAME Adelaide Bruenning
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lambert Lubbers ADDRESS 2540 W. Sullivan

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) Ch. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH ???

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death None

19a. DATE OF OPERATION None
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) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4222

22. I hereby certify that I attended the deceased from Jan 12, 1954, to February 6, 1954, that I last saw the deceased alive on Feb. 5, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bernard H. Hotte M.D.
23b. ADDRESS 2435 N. Grand Blvd.
23c. DATE SIGNED 3-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-9-1954
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. MAR 8 1954
REGISTRAR'S SIGNATURE J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Chas Koch & Son. ADDRESS 3516 N. 14th

(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 [illegible]

Licensed Embalmer No. 4366

P. O. Address [illegible]

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.