

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13503**  
Registrar's No. **3576**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3576</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5817 GRAVOIS Ave.,</b>				<b>2026</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b>		b. (Middle) <b>P</b>		c. (Last) <b>HABIG</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 19, 1954</b>			
5. SEX <b>0</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec 23 1874</b>		9. AGE (In years last birthday) <b>79</b> 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) <b>Physician</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Medicine &amp; Surgery</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Princeton Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Paul Habig</b>			13b. MOTHER'S MAIDEN NAME <b>Lucinda M. Raab</b>			14. NAME OF HUSBAND OR WIFE <b>Pearl Drippa</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Pearl Habig 5817 Gravois Ave.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic cardio vascular disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>2 ds.</b>  <b>15 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>420th</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>Aug 25</b> , 19 <b>52</b> , to <b>Apr. 19</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Apr 19</b> , 19 <b>54</b> , and that death occurred at <b>6:15p</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Quinn Ayman MD</b> (Degree or title)				23b. ADDRESS <b>5100 Arsenal St.</b>			23c. DATE SIGNED <b>4/20/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>Apr. 23-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CREMATORY</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>APR 21 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Henry L. Weidemueller 6203 Gravois</b>				

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

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**STATEMENT BY LICENSED EMBALMER**

to be recorded

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.....  
Signature of Student Embalmer

Signed *W. Wilkinson*.....

Licensed Embalmer No. *35*.....

P. O. Address *N. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.