

10-300
-10-47
-17-39
1 3906

FILED AUG 28 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Elsa E. Deibert
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto Deibert 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased February 15 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Mt. Olive Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Gustav Kaufmann
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Milda Heusler
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Deibert
(b) Address Mt. Olive, Ill.

17. (a) Removal (b) Date thereof 8-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) Aug 17 1948 (b) J. F. Gudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin 999
(c) City or town Mt. Olive 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. N.R. (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1948 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 8 1948 to Aug 16 1948
that I last saw her alive on Aug 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Stomach
Carcinoma Lung Duration 2 yrs
4 months

Due to _____
Due to H/L
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Anna R. Deibert (M. D. or other) G.M.D.
Address 495 Maryland St. Mt. Olive, Ill. Date signed 8/16/48

name

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. W. Wilkinson*
Licensed Embalmer No..... *3575*
P. O. Address..... *St Louis 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.