MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38814

File No. ____

Registered No. 109

1. PLACE OF DEATH
County: St Louis.
Registration District No.: 788
Township: ____
Primary Registration District No.: 4476
City: Webster Groves (No. 480 E Big Bend Rd. St.; ____ Ward)

2. FULL NAME: George M. Deibel.
(a) Residence. No. 480 E Big Bend Rd. St., ____ Ward. ____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

DEC 26 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Marie Louise Deibel.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 19 - 1888.

7. AGE: Years 43 | Months 6 | Days 7 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer): Dixie Mills.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis.
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Fred Deibel -
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis.
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Emma Meyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis.
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Geo. M. Deibel.
(Address): 480 E. Big Bend Rd

15. FILED 11/28, 19 31 Dr. A. W. Wuttrup
D. Corbett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 26 1931

17.
I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Nov 26, 1931, that I last saw h. ~~him~~ alive on Nov 26, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
9 DH
111 H about 2 hrs.
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY): Chronic Endocarditis
(duration) ____ yrs. 6 mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF ____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diag
(Signed) Arthur W. Wuttrup, M. D
11-27-1931 (Address) 704 E. Big Bend

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cemetery
DATE OF BURIAL: Nov 28 1931

20. UNDERTAKER: Peltz Bros 3029 Lafayette Ave
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH CONTRASTING INK—THIS IS A PERMANENT RECORD