

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

Do not use this space.

37300

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 3149, W. 11 St.)

File No.
Registered No. 9929
St. 2nd Ward)

2. FULL NAME

Harrith M. Deibel
(a) Residence, No. 3130 7 17 St., 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Wm. M. Deibel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 - 1879</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 1931</u>	11. Total time (years) spent in this occupation <u>35</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
FATHER	13. NAME <u>Joseph Fowler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Liza Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Wm. M. Deibel</u> <u>3130 Chestnut St. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graceland Cem.</u> DATE <u>Nov. 14</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Francis J. Lohrey</u> <u>mezzanone</u>		
20. FILED <u>NOV 10 1932</u> <u>Wm. M. Deibel</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1931 to 11-9 1932

I last saw him alive on 11-8 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma -
Bladder -
and bladder
AD 4610
Other contributory causes of importance:
Primary Rectum
535 1

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. M. Cole M. D.
(Address) 2806 Hadley St. St. Louis MO

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

Mc Coy 124 St. James

