DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23772

Registration District No. 791 — Primary Registration District No. — Registrar's No. 6045

1003

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home for the Aged — 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 3 mo. 18 da. (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri 1 (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 16

(d) Street No. 3400 So. Grand Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Louise Deubig 120

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Michael Deubig | 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. (Month) 15 (Day) 1857 (Year)

8. AGE: Years 81 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Benton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Valentine Sherer
13. Birthplace Dont Know. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Monica Hesser
15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister Cyrille
(b) Address 3400 So. Grand Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 10, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director J H Gebhardt Lawn H. Co
(b) Address 2842 Meramec St.

19. (a) JUL 10 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 7th year 1939 hour 7 minute 45 Pm M.

21. I hereby certify that I attended the deceased from Apr 5 1939 July 7, 1939, to July 7, 1939, that I last saw him alive on July 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Cardeo-Sclerosis — Duration 5 yrs

Due to

Due to Hypertensive disease

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. P. Reddy (M. D. or other)
Address Ones Club Bl Date signed 7/8/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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## 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 Herman A. Gelcken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. 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, above space should be left blank.**