

FILED FEB 24 1942

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 309

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY
(b) City or town JEFFERSON BARRACKS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Admitted 1/27/42
(Specify whether
unknown.
In this community
years, months or days)

3. (a) PRINT FULL NAME

August J. Deubler

3. (b) If veteran,
name war World War

3. (c) Social Security

No. 494-05-3359

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Helen 6. (c) Age of husband or wife if
alive. unknown years
7. Birth date of deceased. March 12, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 27 05 hr. min.

9. Birthplace Germany (Naturalized)
(City, town, or county) (State or foreign country)

10. Usual occupation WPA Clerk

11. Industry or business

MOTHER FATHER { 12. Name Henry Deubler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name: Katherine Seitsinger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schelling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 2/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)
National Cemetery
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director [Signature]
(b) Address 3634 Grayois Ave St. Louis, Mo.

19. (a) FEB 11 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5016-A St. Louis Avenue.
(If rural, give location)
(e) Citizen of foreign country? (Naturalized) (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th,
year 1942 hour 4:55 minute P.M.

21. I hereby certify that I attended the deceased from
January 27, 1942 to February 9, 1942
that I last saw him alive on February 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carbuncle, back of neck and upper dorsal area, Duration About 6 mo.
and
Diabetes Mellitus. Unkn.

Other conditions none
(Include pregnancy within 3 months of death) 61

Major findings: - PHYSICIAN
Of operations -
Of autopsy Autopsy performed. See cause of death.
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) NO
(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 [Signature] (Specify name of place) (Specify nature of injury)

Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 2/10/42

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

[Handwritten initials]

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: Robert Wheeler
Licensed Embalmer No. 2128
P. O. Address. Poland, 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.