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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38001

State File No. \_\_\_\_\_

FILED DEC 10 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 106

Registrar's No. 2396

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
U.S. Marine Hospital, Kirkwood, Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days  
(Specify whether \_\_\_\_\_)

In this community Unknown  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2518 North 9th St., St. Louis, Mo.  
(If rural, give location)

(e) Citizen of foreign country? Naturalized Citizen (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank X. Dobler

3. (b) If veteran, name war X

3. (c) Social Security No. 498-18-7600

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased June 5 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>5</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Book-Band

11. Industry or business Unknown

MOTHER FATHER { 12. Name John Dobler

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

14. Maiden name: Mary Eder

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

16. (a) Informant Clinical Records of Hospital

(b) Address U.S. Marine Hospital, Kirkwood, Mo

17. (a) Burial (b) Date thereof Nov. 18, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Stroot Carroll

(b) Address 4600 Natural Bridge

19. (a) NOV 17 1942 (b) C. E. McLaugherty  
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th  
year 1942 hour Eight minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct. 14  
1942 to Nov. 13th 1942;

that I last saw him alive on November 13th, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of stomach Unknown Duration

Cachexia, associated with malignancy " "

and Pneumonia, lobar, post operative 2da

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach with  
Of operations Metastasis

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) 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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. E. McLaugherty (M. D. or other)  
Address U.S. Marine Hospital Date signed 11/14/42

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

Maximum 160000

11/14/42

**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.....

*Sheldon Collier*

Licensed Embalmer No: .....

3382

P. O. Address.....

**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.**