14170

V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19527

Registration District No. CD JUN 19 1943 318

Primary Registration District No. 1003

Registrar's No. 5489

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

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

(d) Street No. 3819-A Wisconsin
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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12
7 24

3. (a) PRINT FULL NAME Marie Dobler

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles J. Dobler

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 11th, (Day) 1882. (Year)

8. AGE: Years 61 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation House-Wife.

11. Industry or business

FATHER
12. Name Henry Bach
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Charles J. Dobler
(b) Address 3819-A Wisconsin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave.

19. (a) JUN 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13, year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from June 10, 1943 to June 13, 1943; that I last saw her alive on June 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Intraventricular hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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. W. Bussel (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 6/14/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1947

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 Juddie A. Siegenheim

Licensed Embalmer No. 2270

P. O. Address 6409 Geraldo

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.