

State File No. _____
Registrar's No. 7911

Registration District No. 518 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Marine
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Monroe Deibert
(b) If veteran, name war None (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 11 1875
(Month) (Day) (Year)
8. AGE: Years 69 Months 0 Days 1 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1944 hour 7:15 minute 2 M.
21. I hereby certify that I attended the deceased from 8/29 1944, to 9/12/1 1944;
that I last saw h. was alive on 9/12 1944;
and that death occurred on the date and hour stated above.

9. Birthplace Marine Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name Dan Deibert
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Dan Deibert
(b) Address Highland, Ill.
17. (a) Removal (b) Date thereof 9-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marine, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 14 1944 (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Carcinoma of nose, antrum & right eye. metastasis Primary in nose
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Cardiac disease
Major findings: Of operations _____
Of autopsy none done

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?
While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature Louis H. Dorsted (M. D. or other) _____
Address 325 Washington St. Date signed 9/14/44

444 (Licensed Embalmer's Statement on Reverse Side) Louis H. Dorsted

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

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..... *W. Wilkinson*

..... Licensed Embalmer No..... *3575*

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.