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ev. 5-17-39
X35697

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

18649

FILED JUL 31 1945

State File No.

Registration District No. 1003

Primary Registration District No.

Registrar's No. 5566

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:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Alton
(If outside city or town limits, write "RURAL")

(d) Street No. UNR
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Desberger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race Wh.

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

6. (b) Name of husband or wife Rose Desberger

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	75	--	--	hr. min.

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

10. Usual occupation Owner

11. Industry or business Motion Picture Theatre

FATHER
12. Name Sam Desberger
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Mrs. Marie Adreon
(b) Address 5591 Waterman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) JUN 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1945 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from June 12 1945, 19 to June 25, 19 45
that I last saw him alive on June 25, 1945, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	48 hrs
Due to	
Due to	

131

Other conditions (Include pregnancy within 3 months of death) Chronic nephritis Sev. years & hypertension several yrs

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 0

23. Signature Dr. P. D. Steele (M. D. or other) MD
Address 462 N. Taylor Ave., Date signed 6/26/45

(Licensed Embalmer's Statement on Reverse Side)

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 H E Burgess

Licensed Embalmer No. 4029

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.