

FILED SEP 24 1946
318

Registration District No.

Primary Registration District No.

1003

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

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:
4928 Buckingham Court.
(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)

3. (a) PRINT FULL NAME: ALBERT LOUIS DEIBEL.

3. (b) If veteran, name war: Spanish American. 3. (c) Social Security No.: None

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maunee Deibel. 6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: January 21 1881
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
65 7 20 hr. min.

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

10. Usual occupation: Broker in investment & securities

11. Industry or business: Self employed.

MOTHER FATHER { 12. Name: Frederick Deibel.
13. Birthplace: St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Emma Meyer.
15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Maunee Deibel.

(b) Address: 4928 Buckingham Court, St. Louis, Mo.

17. (a) Burial (b) Date thereof: 9-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cemetery.

18. (a) Signature of funeral director: C. R. Lupton & Sons.

(b) Address: 7233 Delmar Blvd.

19. (a) SEP 19 1946 (b) J. J. Brebeck
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 12 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 4928 Buckingham Court. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 11
year: 1946 hour: 3:45 minute: _____ P. M.

21. I hereby certify that I attended the deceased from Jan.
_____ 1946, to Sept. 11 1946

that I last saw him alive on Sept. 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Duration: 1 wk.

Due to: Arteriosclerosis yp.

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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?

While at work: _____ (Specify type of place)
(b) Means of injury: _____

23. Signature: Geo. W. Stuer (M. D. or other)

Address: 3720 Washington Blvd. Date signed: 9-11-46

Handwritten scribble

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.