S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

140077
State File No. 3826

FILED MAY 7 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USING 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: City 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 Mo. (b) County St Louis 96
(c) City or town ~~St. Louis~~ Rich 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2286 Yale Ave. 1
NR (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERNHARD DEUBLER
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Louise Deubler
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May (Month) 13 (Day) 1877 (Year)

8. AGE: Years 70 Months 11 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Auditor
11. Industry or business County Court House
FATHER
12. Name Bernhard Deubler 0
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Louise Deubler
(b) Address 2286 Yale Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway Blvd.
19. (a) APR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1948 hour 4:55 minute A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull; Subdural Hematoma; when struck by an automobile driven by one James Howard Moore (Col.) about 15 feet south of Lafayette Av., on Jefferson Ave., around 12:19 A.M., April 21, 1948. Duration
Due to ACCIDENT 6
Other conditions (Include pregnancy within 3 months of death) 170
Major findings:
Of operations 21
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT Oad
(b) Date of occurrence 4/21/1948
(c) Where did injury occur? 23 (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work no (e) Means of injury See above

23. Signature Patrick E. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 4-22-48

Jefferson City Printing Co. (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 Edwin A M Dearnott

Licensed Embalmer No. 3024

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.