

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 6857

Registration District No. 318

Primary Registration District No. 1003

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:
2803 WISCONSIN AVE.
(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

Julia Deibel

3. (b) If veteran,
name war NONE

3. (c) Social Security No.
NONE

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George P. Deibel
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 1 5 _____ hr. _____ min.

9. Birthplace CARLINVILLE ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Lenhardt

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Battieger

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Deibel

(b) Address 6409 WINONA

17. (a) Burial (b) Date thereof 8-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. Paul Churchyard

18. (a) Signature of funeral director W. B. S. Jefferson

(b) AUG 5 1948

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2803 WISCONSIN AVE.
24 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1948 hour 6 minute 0 p.m.

21. I hereby certify that I attended the deceased from Jan. 3rd.
1947 to August 3, 19 48
that I last saw h op alive on August 3rd. 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Apoplexy (cerebral hemorrhage) 7 days

Due to Senility-Atherosclerosis

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)
(e) Means of injury _____

23. Signature C. B. S. Jefferson (M. D. or _____)

Address 2278 S. Jefferson Date signed 8-4-48

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 D. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 So Jefferson

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.