

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3012**
Registrar's No. **0165**

FILED JAN 28 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis, Mo. TOWN		c. LENGTH OF STAY (in this place) 2079	
c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		d. STREET ADDRESS (If rural, give location) 4945 Alcott	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		7	
3. NAME OF DECEASED (Type or Print) Andrew	a. (First)	b. (Middle)	c. (Last) Deubler
4. DATE OF DEATH (Month) (Day) (Year) 1-6-53			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-24-77
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Elevator	11. BIRTHPLACE (City and State or Foreign Country) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Andrew Deubler		13b. MOTHER'S MAIDEN NAME Katherine Kay	14. NAME OF HUSBAND OR WIFE Annie Wilbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Amer.		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Annie Deubler 4945 Alcott
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Arteriosclerotic Heart Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from 11-22-52 , 19__, to 1-6-53 , 19__, that I last saw the deceased alive on 1-6-53 , 19__, and that death occurred at 12:02 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE E. J. Schnur M.D.		23b. ADDRESS 1325 S. Grand, St. Louis, Mo.	
23c. DATE SIGNED 1/7/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 9 52	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Jefferson Brks Mo
DATE REC'D BY LOCAL REG. JAN 7 1953		REGISTRAR'S SIGNATURE E. J. Schnur	
25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur		ADDRESS 3125 Lafayette	

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

STATEMENT BY LICENSED EMBALMER

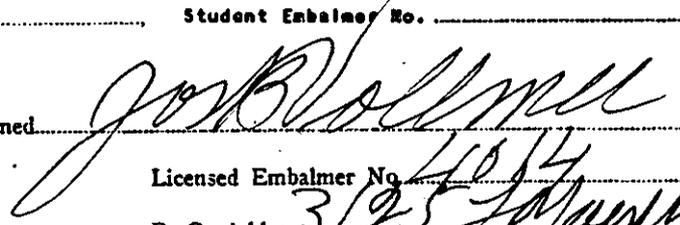
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 41034

P. O. Address 3125 Lafayette St

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.