THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33410
STATE FILE NUMBER 9113

FILED OCT 14 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3462 Osage St. Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 215 3462 Osage St. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Adelrich Middle: Joseph Last: Deuber
4. DATE OF DEATH Month Sept. Day 29 Year 1957.
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 21, 1872
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker
10b. KIND OF BUSINESS OR INDUSTRY Retired 15 yrs.
11. BIRTHPLACE (City and state or country) Switzerland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Dont Know
14. MOTHER'S MAIDEN NAME Dont Know
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 492-05-5861
17. INFORMANT Address Mrs. Elizabeth Deuber (Wife) 3462 Osage St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) 422.1
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Bronchial Pneumonia
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 56, to 29 Sept 57 and last saw him alive on 29 Sept 57
Death occurred at 5:00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. McCann MD (Degree or title)
22b. ADDRESS 4401 Hampton.
22c. DATE SIGNED 29 Sept 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 1, 1957
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary
ADDRESS 2842 Meramec St. St. Louis, 18, Mo.
25. DATE RECD. BY LOCAL REG. SEP 30 57
26. REGISTRAR'S SIGNATURE J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joe D. Benz

Licensed Embalmer No. 42

2842 Meramec St.

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.