

FILED SEP 29 1958
SL 17700

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034143
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8839**

300

1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand St Louis Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jennings 4/380	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Vet Admin Hospital		Length of stay in lb INSTITUTION 14 Days		d. STREET ADDRESS (If outside, give location) 8721 Emily Ave	
3. NAME OF DECEASED (Type or print) Charles		First Middle Last F. Deibel		4. DATE OF DEATH Month Day Year Sept 11 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/28/92	9. AGE (In years at birthday) 65	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY Mallinckrodt Chemical		11. BIRTHPLACE (City and state or country) St Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Nickolas Deibel		13b. MOTHER'S MAIDEN NAME Fessie Richmond	
14. NAME OF HUSBAND OR WIFE Viola Deibel (Viola R.)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) Yes		16. SOCIAL SECURITY NO. 489-10-1305	
17. INFORMANT Address Mrs. Viola R. Deibel, 8721 Emily, Jennings		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS CARCINOMA OF RECTUM AND SIGMOID COLON Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - - 154X - - - - - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
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 <u>VA</u> <u>8/28/58</u> to <u>9/11/58</u> and last saw him alive on <u>9/11/58</u> Death occurred at <u>3:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Embellner</i>		(Degree or title) H.D.		22b. ADDRESS VAH, St Louis, Missouri	
22c. DATE SIGNED 9/11/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 13, 1958		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)			
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		ADDRESS		25. DATE RECD. BY LOCAL REG. SEP 1 2'58	
26. REGISTRAR'S SIGNATURE <i>Paul Smith</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Secondary causes, etc., may be given only when primary cause is stated. No symptoms will be listed.

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
Signature of Student Embalmer

Signed *Glen W. Ray*

Licensed Embalmer No. *3737*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.