

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7959** STATE FILE NUMBER **-61-030688**

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY                                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |   | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Incarnate Word</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4108 California</b> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JOHN</b> Middle <b>JOSEPH</b> Last <b>DOEBBER</b>   |   | 4. DATE OF DEATH<br>Month <b>8-25-1961</b> Day Year   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-13-1895</b>                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Clerk</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Hardware</b>  | 9. AGE (last birthday)<br><b>66</b>                                     |
| 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Mo</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>John H Doebber</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Gertrude Sandt Doebber</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, <b>NO</b> or unknown) (If yes, give war or dates of service) <b>NO</b>                                 |   |
| 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><b>Gertrude Doebber 4108 A California</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Hemorrhage resulting from</i><br>DUE TO (b) <i>Lacerations from a large</i><br>DUE TO (c) <i>gastric ulcer of the posterior wall</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>of the stomach.</i><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>5400</b>   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>9:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><i>Joseph W. Smith Deputy</i>   |   | 22b. ADDRESS<br><b>1200 Clark</b>   |   |
| 22c. DATE SIGNED<br><b>8-26-61</b>  |   | 22d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co Mo.</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><b>8-28-1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cem</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>WINGBERMUEHLE 3819 S Grand Blvd</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 26 1961</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><i>Neal Smith M.D.</i>   |   |   |   |

**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 George J. Ingbermer  
Licensed Embalmer No. 21611  
P. O. Address St. Louis 18

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.