

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**39035**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. \_\_\_\_\_  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 1169  
 (c) City St. Joseph (d) Street No. 2220 Agency Road St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 76 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Louis Brice Deobler  
 (a) Residence, No. 2220 Agency Road, St. Joseph St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Emma Deobler  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 28, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Owner of  
 9. Industry or business in which work was done, as saw mill, bank, etc. Automobile Garage  
 10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) Buchanan County  
 (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Charles Deobler  
 14. BIRTHPLACE (CITY OR TOWN) Pittsburgh,  
 (STATE OR COUNTRY) Pennsylvania.

MOTHER

15. MAIDEN NAME Anna Bradshaw  
 16. BIRTHPLACE (CITY OR TOWN) Louisville,  
 (STATE OR COUNTRY) Kentucky.

17. INFORMANT Emma Deobler  
 (ADDRESS) St. Joseph, Missouri, Agency Road

18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Missouri  
 PLACE Mt. Auburn Cemetery DATE November 14, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer  
 (ADDRESS) 1302 Farson St. St. Joseph, Mo.

20. FILED Nov. 14, 1939 A. J. Kestelbaum  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 10<sup>th</sup>, 1939, to Nov 12<sup>th</sup>, 1939  
 I last saw him alive on Nov 12<sup>th</sup>, 1939. Death is said to have occurred on the date stated above, at 7:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Cordia Asphura  
chronic myocarditis

Date of onset 11/39

Other contributory causes of importance: arteriosclerosis 1930

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) John K. Jorgensen, M. D.  
 (Address) 1731 FARSON ST.

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**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.....

*W. A. Kelly*

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

**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, above space should be left blank.**