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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12056  
Registrar's No. 591

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

APR 9 1941  
Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Robert Fred Deibel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathryn P. Deibel 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 10 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Dixie

11. Industry or business Feed Mfg Co.

12. Name Fred Deibel

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Meyer

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn P Deibel

(b) Address Box 365 Rt. 1., Clayton

17. (a) Burial (b) Date thereof 3/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director C. R. Lupton & Son

(b) Address 7233 Delmar Bl'vd

19. (a) MAR 17 1941 (b) W. M. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bx. 365 Rt. 1.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th  
year 1941 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from July  
1936, to March 16, 1941.  
that I last saw him alive on March 15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 days

Due to Coronary thrombosis 1 run

Due to \_\_\_\_\_

Other conditions Cerebral Aneurysm 2 run  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: 9/40  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature Fred Kramer (M. D. or other) D.D.  
Address 6347 Grand Date signed 3-17-41

1-4-20  
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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.....

*Clarence H. Murray*

Licensed Embalmer No. *4011*

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