

FILED JUL 20 1942

791

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 3 days
In this community 16 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 12/13
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Charles A. Doebbler

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased. Sept. 5, 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 29 If less than one day hr. min.

9. Birthplace. Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation nil

11. Industry or business

12. Name John

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Susan Dieks

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Cremation (b) Date thereof 7-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CREMATORY

18. (a) Signature of funeral director J. Ryan

(b) Address City Infirmary

(a) J. F. Pridick (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1942 hour minute 9:30 a.m.

21. I hereby certify that I attended the deceased from May 7, 1942 to July 4, 1942

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate - multiple metastases

Due to degenerative heart disease

Due to arterial hypertension

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy above p. 1

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Loren Blaney MD Address 5800 Arsenal Date signed 7-7-42

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

3006
12
9

MOTHER FATHER

JUL 9

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.....

Licensed Embalmer No.....

P. O. Address.....

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.