

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38527**
9780
Registrar's No.

FILED NOV 25 1946

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County oaei
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1317
(d) Street No. 5800 Arsenal (If rural, give location) 9
Memorial
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNY DEIBEL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 15th
year 1946 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from 8/7/46
19 1946, to Nov. 15th, 19 1946
that I last saw him live on Nov. 15th, 19 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced W
(b) Name of husband or wife Louis Peter Deibel 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Generalized Arteriosclerosis of Cerebral Thrombosis
Due to _____
Due to 82
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

7. Birth date of deceased unknown
(Month) (Day) (Year)
8. Age about Years Months Days If less than one day
80 hr. min.

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? _____

9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Home

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 7

16. (a) Informant Kenneth J. Holland
(b) Address 419 Mohr Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Bethany Cem.
(b) Address 190 5 Union
19. (a) NOV 16 1946 (Date received local registrar) J. J. Bradec (Registrar's signature)
While at work _____ (Specify type of place) (b) Means of transport _____
3. Signature Arthur P. Deibel (M. D. or other) 11-16-46
Address _____ Date signed _____

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

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 *Warren A. Carver*
Licensed Embalmer No. *3534*

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.