

FILED JUN 29 1951

STANDARD CERTIFICATE OF DEATH

1003 State File No. 21201
5590

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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|--------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | c. LENGTH OF STAY (In this place) <u>5 HRS.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS. 2039</u> | d. STREET ADDRESS (If rural, give location) <u>6438 ARSENAL</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u> | | | |

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|----------------------------------------|-----------------------|-------------------------|---------------------|-----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>LEO</u> | b. (Middle) <u>E.</u> | c. (Last) <u>DUEBER</u> | (Month) <u>JUNE</u> | (Day) <u>17</u> | (Year) <u>1951</u> |

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|--------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|------------------------|----------------------|----------------------|---------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JULY 21 1884</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|------------------------|----------------------|----------------------|---------------------|

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|------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|-----------------------------------------------------------|--|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SHOE WORKER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|-----------------------------------------------------------|--|--------------------------------------------|

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| 13a. FATHER'S NAME <u>AUGUST DUEBER</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY WEBER</u> | 14. NAME OF HUSBAND OR WIFE <u>ANNA K. DUEBER</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>494-07-4002</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>ANNA DUEBER</u> | ADDRESS <u>6438 ARSENAL</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> | | | <u>1 day</u> |
| ANTECEDENT CAUSES | DUE TO (b) <u>Coronary artery disease</u> | | <u>2 yrs</u> |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) <u>arterio-sclerotic heart disease</u> | | <u>3 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | <u>Duodenal Ulcer.</u> | | <u>3 yrs.</u> |

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|------------------------|----------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

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|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>H 200</u> |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|

22. I hereby certify that I attended the deceased from Jan, 1949, to June 17, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 11:20 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>George A. O'Sullivan, M.D.</u> | 23b. ADDRESS <u>421 N. Schermer</u> | 23c. DATE SIGNED <u>6-20-51</u> |
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|---------------------------------------------------------|-------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JUN. 21 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS. MO</u> |
|---------------------------------------------------------|-------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------|

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|---------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------------|
| DATE REC'D BY LOCAL REG. <u>JUN 20 1951</u> | REGISTRAR'S SIGNATURE <u>J. B. Sasata</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u> | ADDRESS <u>2906 Brewster Ave.</u> |
|---------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------------|

WRITE PLAINLY--USING UNFAADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Thomas C. Dill*

Licensed Embalmer No. *4347*

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.