

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 1952

State File No. **40128**
Registrar's No. **10370**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1851 So. 9th St.		d. STREET ADDRESS (If rural, give location) 23 1851 So. 9th St.	

3. NAME OF DECEASED (Type or Print) ERNEST	a. (First)	b. (Middle) E.	c. (Last) DEUBIG	4. DATE OF DEATH Nov. 10 1952	(Month) (Day) (Year)
---	------------	-------------------	---------------------	----------------------------------	----------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep. 5, 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------------	---------------------------	---	----------------------------------	---------------------------------------	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler-Falstaff Brewing Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U
--	-----------------------------------	--	-----------------------------------

13a. FATHER'S NAME Joseph Deubig	13b. MOTHER'S MAIDEN NAME Ernestine Wuest	14. NAME OF HUSBAND OR WIFE Rose E. Deubig
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-03-5403	17. INFORMANT'S SIGNATURE OR NAME Rose E. Deubig	ADDRESS 1851 So. 9th St.
--	--	---	-----------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Carcinomatosis</i> <i>Primary Unknown</i>		
	ANTECEDENT CAUSES Morbidity conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 11-10-52 7:22	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1999
---	---	------------------------------------

22. I hereby certify that I attended the deceased from 8-22, 1952, to 11-10, 1952, that I last saw the deceased alive on 11-10, 1952, and that death occurred at 4:20P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Albert J. Duak M.D.</i>	(Degree or title)	23b. ADDRESS 3606 Gravois	23c. DATE SIGNED 11-11-52
--	-------------------	------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 13, 1952	24c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. NOV 18 1952	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>	ADDRESS 4228 S. Kingshighway Bl
---	---	---	------------------------------------

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 William B White

Licensed Embalmer No. 4201

P. O. Address 4208 Le King Highway

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.