

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2470**
Registrar's No. **0771**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 0771	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If this place) 0 1 wk.	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			STREET ADDRESS (If rural, give location) 476 E 4170 Arsenal Street		
3. NAME OF DECEASED (Type or Print) a. (First) Eugene		b. (Middle) K.	c. (Last) Deubler	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1955	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Sept. 27, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Painter		10b. KIND OF BUSINESS OR INDUSTRY A.B.C. Motor Industry retired	11. BIRTHPLACE (City and State or Foreign Country) Wurtttemberg, Germany 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Gottlieb Deubler		13b. MOTHER'S MAIDEN NAME Katherine Sietzinger		14. NAME OF HUSBAND OR WIFE Eva Grimm Deubler	
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. 488-09-5410	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva Deubler - 4170 Arsenal 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V. Accident				INTERVAL BETWEEN ONSET AND DEATH 10 Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis	DUE TO (c)				10 Days
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 checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 1-17-1955 , to 1-25-1955 , that I last saw the deceased alive on 1-25-1955 , and that death occurred at 10:30A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Henry W. Koller M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 1/26/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Jan. 28, 1955	24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memories, St. Louis Co., Mo.	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. JAN 27 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Beldorle		ADDRESS 3634 Gravois Ave.

WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert C. Wheeler*

Licensed Embalmer No. *212*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.