

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

34695

8739

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>St. Louis, Mo.</b>   |                                  | c. CITY OR TOWN<br><b>St. Louis</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Louis State Hospital</b>  |                                  | e. STREET ADDRESS (If rural, give location)<br><b>13 5100 Arsenal Street 21390</b>                                    |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Adam</b>  |                                  | b. (Middle) _____   |   |
| c. (Last) <b>Dobler</b>   |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>10- 6 55</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Divorced</b>   | 8. DATE OF BIRTH<br><b>2-13-85</b>  |
| 9. AGE (In years last birthday)<br><b>70</b>  |                                  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 Hrs.<br>Hours _____ Mins. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Foreman, Sign Co.</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |   |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>Jacob Dobler</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Annie Maurert</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Unknown</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |   |
| 16. SOCIAL SECURITY NO.<br><b>none</b>  |                                  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Jacob Dobler</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                                  | 17. ADDRESS<br><b>2917 S. Jefferson Ave.</b>  |   |
| MEDICAL CERTIFICATION   |                                  |   |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><b>Cerebral Hemorrhage</b>  |                                  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| ANTECEDENT CAUSES<br><b>Pulmonary Embolism</b>  |                                  | DUE TO (b) _____  |   |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |                                  | DUE TO (c) _____  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                                  |   |   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>331x</b>   |   |
| 20. AUTOPSY?<br>YES <input checked="" 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) _____   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                |   |
| 21f. HOW DID INJURY OCCUR?  |                                  |   |   |
| 22. I hereby certify that I attended the deceased from <b>6-28</b> , 19 <b>45</b> , to <b>10-6-</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10-6-55</b> , 19____, and that death occurred at <b>2:25a</b> m., from the causes and on the date stated above. |                                  |   |   |
| 23a. SIGNATURE<br><i>John H. W. Mahoney, M.D.</i>   |                                  | 23b. ADDRESS<br><b>5100 Arsenal Street, St. Louis</b>   |   |
| 23c. DATE SIGNED<br><b>10-7-55</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |                                  | 24b. DATE<br><b>10-7-55</b>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Matthews Cemetery</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b>  |   |
| DATE REC'D BY LOCAL REG.<br><b>OCT 7 1955</b>   |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Carl Smith</i>   |   |
| REGISTRAR'S SIGNATURE<br><i>Carl Smith</i>  |                                  | ADDRESS<br><b>Witt Bros. U&amp;L Co. 2929 S. Jefferson Ave.</b>   |   |

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Harold E. Witt

Licensed Embalmer No. 435

P. O. Address 2929 S. J

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.