MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5951

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 1918

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 3122 N. Grand Blvd St. ..... Ward)

2. FULL NAME Marie Deberer

(a) Residence. No. ..... St., 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Edward Deberer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27-1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	2	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER John Ernst
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Louise Quadribiel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Edwin F Stehle
(Address) 3122 N. Grand Blvd

15. FILED SEP 1 1922, 19..... Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1922

17. I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1922 to Sept 15, 1922 that I last saw h.. alive on Sept 15, 1922 and that death occurred, on the date stated above, at 12 A.M. P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Cerebral Hemorrhage (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? C H B
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E A Thomson, M. D
, 19 (Address) 3119 N Grand ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Peters & Pauls Cemetery	Monday Sept 18 1922
20. UNDERTAKER	ADDRESS
Geo H. Paschedag	2825 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD