

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

Do not use this space.

10054

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1170 File No. \_\_\_\_\_  
 7 Townshp \_\_\_\_\_ Primary Registration District No. 624878 Registered No. 48  
 7 City Richmond Heights (No. St. Marys Hosp) St. \_\_\_\_\_ (Ward)

**2. FULL NAME** Donald Debert

(a) Residence, No. 1423 Palm St. \_\_\_\_\_ 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

FATHER 13. NAME Walter Debert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

MOTHER 15. MAIDEN NAME Dora Schulte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

17. INFORMANT Walter Debert (ADDRESS) 1423 Palm

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar 5 1932

19. UNDERTAKER Astrom L & U Co (ADDRESS) 2707 N. Grand

20. FILED Mar 4 1932 C. H. Jensen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 1-28 1932 to 3-3 1932  
 I last saw h. l. m. alive on 3-3-35 1932 Death is said to have occurred on the date stated above, at 8 p.m.  
 The principal cause of death and related causes of importance were as follows:

Crysepelas  
Generalized Peritonitis  
Septicemia  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Howard L. Lange, M. D.  
 (Address) 6420 Clayton

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

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.

APR 29 1932

