

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

35977
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **Stonhous** (d) Street No. **St. John's Hospital** St. **9554**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Yvonne Duwe**
 (a) Residence, No. **1101 Central** St. **4**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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) **3-8-27 March 8**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 7 3
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **student**
 9. Industry or business in which work was done, as 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 **Fred Duwe**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

MOTHER 15. MAIDEN NAME **Olivia Foelling**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT (ADDRESS) **Fred Duwe 1101 Central**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial** DATE **10-14-37**

19. FUNERAL DIRECTOR (ADDRESS) **Southern General Home 6322 S. Grand Blvd.**

20. FILED **OCT 13 1937** 19 **J. H. Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-11-37** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 10** 19**37**, to **10-11-37** 19
 I last saw him alive on **10-11-37** 19. Death is said to have occurred on the date stated above, at **9:00 P.** m.

The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
 Date of onset **10-7-37**

Other contributory causes of importance:
Paralytic alzheimer
of 10 minutes (St. John's Hospital) at birth

Name of operation Date of
 What test confirmed diagnosis? 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) **J. P. Costello** M. D.
 (Address) **Sister, Bldg.**

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.

FORM 1 X12004

Dr J M Costello
4300 Olive St.
2 pm

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

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.)