2034-1 DEC 8 1938

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

49303
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township St Ferdinand — Primary Registration District No. 104 — Registered No. 1981
(c) City ~~St~~ Ferguson — (d) Street No. 20 Florence Garage Rd St.
(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 John Duever
(a) Residence, No. 20 North Barat St Ferguson
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Seperated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucille

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13th 1898

7. AGE: Years 40 — Months 4 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cook
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): Ferguson Missouri

FATHER
13. NAME: John Ben Duever
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

MOTHER
15. MAIDEN NAME: Ida Keighly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

17. INFORMANT (ADDRESS): Mrs Genevieve Cayse Ferguson Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St Ferdinand Florrisant Mo — DATE: Dec 5th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stroot Carroll 4600 Natural Bridge Ave

20. FILED DEC 5 - 1938 — [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 3rd 38

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1am m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Automobile accident. While riding as a passenger in a private automobile which skidded off of a public highway. 12/3/38

Other contributory causes of importance:

Fracture of ribs of left side with hemorrhage of the lungs.

Name of operation ..... Date of .....
What test confirmed diagnosis physical signs Was an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 12/3/38 19.....
Where did injury occur? Ferguson, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Public place
Nature of injury Auto turned over Hemorrhage of lungs.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.
Coroner of St. Louis Ciunty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1947

AUG 25 1954

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 .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Frank H Stroot

Licensed Embalmer No. 2265

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.