DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 12 1939

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20800

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 5644

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 1119

(d) Street No. 4408 Delmar Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 212 James A Desbazeilles

3. (b) If veteran, name war World

3. (c) Social Security 497-05-1911

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Irene

6. (c) Age of husband or wife if alive work years

7. Birth date of deceased Oct 12th 1897 (Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Brewery Worker

11. Industry or business Anheuser Bush Co

FATHER
12. Name James Desbazeilles
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Elizabeth Waldman
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature George E Desbazeilles

(b) Address 4209 Desoto Ave

17. (a) Jeff Barrack Mo (Burial, cremation, or removal) (b) Date thereof 6/28/39 (Month) (Day) (Year)

(c) Place: burial or cremation Natl Cemt Jeff Barr ack

18. (a) Signature of funeral director Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) JUN 27 1939 (Date received local registrar) (b) J. B. Budick (Registrar's signature)

MEDICAL CERTIFICATION

No attending Physician

20. DATE OF DEATH: Month June day 25th year 1939 hour 10:35 Pm minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy Cerebral | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M Lemon (M.D. or other)

Address Deputy Coroner Date signed 6/27

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

**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. Homer H. Fritz

Licensed Embalmer No. 38820

P. O. Address.....

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