G16532
S. No. 2
M—9-4-41
v. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8492

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2843

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 70yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 8 1000 17 9

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

(d) Street No. 900 Switzer Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----- 0

3. (a) PRINT FULL NAME George Frederick Duecker

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

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

7. Birth date of deceased November 7, 1870
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	4	18	hr. min.

9. Birthplace Nashville, Tennessee 1
(City, town, or county) (State or foreign country)

10. Usual occupation Stove Mounter

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital

17. (a) Anatomical Board (b) Date thereof 3-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W Richter
(b) Address 3500 Rutgers

19. (a) MAR 31 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25, year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from March 22, 1942 to March 25, 1942; that I last saw him alive on March 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Uremia

Due to Nephrosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 M. M. Karl (M.D. or other) 0

Address 1515 Lafayette Avenue, Date signed 3/26/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 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.....

Licensed Embalmer No.....

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, fact should be so stated above.