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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED APR 8 1942
791

Registration District No. _____ Primary Registration District No. 1003

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Days
(Specify whether years, months or days)

In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County N.R.

(c) City or town Wellston mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1604 Lucas and Hunt
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Henry Dusan

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec 21 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Evansville Ind (City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business _____

MOTHER FATHER { 12. Name George Dusan

13. Birthplace Ind (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth ? (City, town, or county) (State or foreign country)

15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Dusan

(b) Address Redding California

17. (a) Cremation (b) Date thereof 3/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla crematorium

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6075 Pelymer

19. (a) MAR 20 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13, year 1942 hour 9:35 minute A. M.

21. I hereby certify that I attended the deceased from February 15, 1942 to March 13, 1942 that I last saw him alive on March 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pulmonary Tuberculosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 1/2/3

Of autopsy 33

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? _____

While at work? _____ (Specify type of place) (c) Means of injury D

23. Signature M. M. Karl (M. D. or other) D

Address 1515 Lafayette Ave. S. Date signed 3/18/42

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.

*Separate Certificate
filed
3/18/42*

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.