V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15679

State File No. 0

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 969

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 4/13/42 (Specify whether
In this community Since 4/13/42 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 11 (If outside city or town limits, write "RURAL") 9
(d) Street No. 9815 S. Broadway (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME WILLIAM DuPEROW

3. (b) If veteran, name war SPANISH AMERICAN 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower 2

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

7. Birth date of deceased May (Month) 12 (Day) 1865 (Year)

8. AGE: Years 76 Months 11 Days 17 If less than one day - hr. - min. 2

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

10. Usual occupation Superintendent, Post Office

11. Industry or business -

FATHER
12. Name Unknown 2
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Barbara ?
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director [illegible] Ind. Co.
(b) Address St. Louis, Mo. 7800 S. Broadway

19. (a) APR 30 1942 (Date received local registrar) (b) E. S. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1942 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from April 13, 1942, to April 29, 1942; that I last saw him alive on April 29, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, lobular, involving both lower lungs; untyped.	About 48 hrs.
Due to Arteriosclerosis, general (senile debilitation).	Unknown
Due to -	
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No autopsy	

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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 - 2

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 4/29/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1942

AUG 17 1942

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 Edwin H. Lechinger

Licensed Embalmer No. 4099

P. O. Address 6464 Chippewa

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.