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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19523

FILED JUL 13 1942

Registration District No. 791 Primary Registration District No. 100 Registrar's No. 5585

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: Little Sisters of The Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 9 Years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis, 9/6
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So, Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN DUPUY

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 5, (Day) 1861 (Year)

8. AGE: Years 81 Months 5 Days 23 If less than one day hr. min.

9. Birthplace France (City, town, or county) 5 (State or foreign country)
10. Usual occupation Day Laborer
11. Industry or business

FATHER
12. Name Claude Dupuy
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sister Laurence
(b) Address 3400 So. Grand Blvd.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Gebken - Berry Mortuary
(b) Address 2842 Meramec St.
19. (a) JUN 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th.
year 1942 hour 1: minute 00P. M.

21. I hereby certify that I attended the deceased from June 6, 1942 to June 28, 1942
that I last saw him alive on June 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer. Prostate 2 yrs
Due to Ca. Urinary Bladder, 2 yrs
Due to Arteriosclerosis.

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 0

23. Signature [signature] (M. D. or other)
Address Union Club Bldg Date signed 6/29/42

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joe D. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, Mo.

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.