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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28677

Registrar's No. 8227

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1536 So 2 St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 23 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1536 So 2-St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT DUPREE

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Fannie Dupree

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Abt 60 | Months | Days | If less than one day ___ hr. ___ min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Bird Dupree
13. Birthplace Mississippi 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emerline Dupree
15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Dupree
(b) Address 1536 So 2 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7th 42
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) OCT 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd year 1942 hour 12 noon minute — M.

21. I hereby certify that I attended the deceased from Sept 10th, 1940 to Oct 2nd, 1942 that I last saw him alive on Oct 1st, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Rectum involving also Bladder	2 yrs
Due to ?	
Due to ?	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	Indefinite

46

Major findings: Of operations Carcinoma Rectum

Of autopsy None

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) None

(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 W. A. Fries (M. D. ~~or other~~)

Address 1544 So Broadway Date signed 10/2-42

(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.....

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

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.