

FILED FEB 19 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 5

1. PLACE OF DEATH:

(a) County ST-CHARLES
(b) City or town ST-CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1305 N SECOND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST-CHARLES
(c) City or town ST-CHARLES
(If outside city or town limits, write "RURAL")
(d) Street No. 1305 N - SECOND
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY-JOSEPH-DEBRECHT

3. (b) If veteran, name war NONE 3. (c) Social Security No.

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased SEPTEMBER-12-1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 19 If less than one day hr. min.

9. Birthplace ST-CHARLES MO (City, town, or county) (State or foreign country)

10. Usual occupation Retail Grocery Clerk

11. Industry or business

12. Name Frank DEBRECHT

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

14. Maiden name MARY ELIZABETH ECKHART

15. Birthplace St. Charles County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Vincent Debrecht

(b) Address St Charles Mo

17. (a) BURIAL (b) Date thereof 1-5-1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery - St. Charles Mo

18. (a) Signature of funeral director N.C. Hallmeyer & Sons Co

(b) Address 800 N 2nd - St Charles Mo

19. (a) 1-4-43 (b) Clarence G. Glesler (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 1 year 1943 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from Oct 15 1942 to Jan 1 1943

that I last saw him alive on Jan 1 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to chronic Myocardial Disease

Due to

Other conditions cerebral hemorrhage, 4 months

Major findings: E. hemiplegia

Of operations

Of autopsy

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) (e) Means of injury

23. Signature Vincent A. Debrucher (M. D. or other) MD

Address St Charles Mo Date signed 1/5/43

Duration

4 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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(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 John E. Dellmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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.