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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3376

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 168

96
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0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park RR #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barrett Station Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96 0
(c) City or town Valley Park RR #1 0
(If outside city or town limits, write "RURAL")
(d) Street No. Barrett Station Rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert E. Daub

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 16 (Day) 1919 (Year)

8. AGE: Years 23 Months 5 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Charles N. Daub
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Frieda K Broeker
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Charles N. Daub
(b) Address Valley Park RR #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cr. Cmty

18. (a) Signature of funeral director Lewis H Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) (Date received for registrar) JAN 23 1943 (b) E. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1943 hour 7 PM minute M.

21. I hereby certify that I attended the deceased from July 15, 1935, to Jan 20, 1943 that I last saw him alive on January 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arteriosclerotic and degenerative changes in

Due to vascular and nerve tissues

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.

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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

23. Signature B. R. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 1-21-43

(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 M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.