S. No. 2
M—9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11358

FILED APR 15 1943

Registration District No. 784 | Primary Registration District No. 2020 | Registrar's No. 778

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 929 Erskine ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 36. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Lemay (If outside city or town limits, write "RURAL")
(d) Street No.: 929 Erskine ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ()

3. (a) PRINT FULL NAME: STEPHANIE DeBuck
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: August DeBuck
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: March (Month) 13 (Day) 1877 (Year)

8. AGE: Years 66 | Months 0 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: Waterfleet (City, town, or county) Belgium (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: ____
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Henry DeBuck Henry De Buck
(b) Address: 929 Erskine ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 1, 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Oline Cemetery
18. (a) Signature of funeral director: C. Hofmeister U.&L.Co.
(b) Address: 7814 S. Broadway
19. (a) APR 3 1943 (Date received local registrar) (b) E. G. McGauran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1943 hour 11.50 minute A. M.
21. I hereby certify that I attended the deceased from March 1, 1943 to March 29, 1943 that I last saw her alive on March 29, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	30 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: GBK	
Of autopsy	

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: None
23. Signature: Oliver Jos Fuhrmann (M.D. or other)
Address: 7606 Manchester Date signed: April 1. 43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Owen J. McNamee

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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.