

FILED JUN 4 1943 8
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
39 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 920 Hickory St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME JOSEPH CLIFFORD DOUGLAS.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Sep.

6. (b) Name of husband or wife Rose Kettler 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 25 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 20 If less than one day br. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant William Windsheimer

(b) Address 5800 Arsenal, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director W. McLaughlin

(b) Address 2301 Lafayette

19. (a) MAY 17 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15, year 1943 hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from May 10, 1943 to May 15, 1943; that I last saw him alive on May 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of larynx & widespread metastases Duration over 1 yr.

Due to

Due to H7

Other conditions 12 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Budeck (M. D. or other) MD

Address City Infirmary Date signed 5/15/43

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

MOTHER FATHER

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..... *Paul A. Keith*.....
Licensed Embalmer No. *3612*.....
P. O. Address *2317 Lafayette*.....

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.