

Registration District No.

Primary Registration District No. 3058

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:
633 Adams Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 633 Adams Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Otto Debertshouser

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 Married
6. (b) Name of husband or wife Adeline Grable 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased December 27, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 6 If less than one day
hr. min.

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

10. Usual occupation Retired

MOTHER FATHER
11. Industry or business.....
12. Name Not Known
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Vivian Debertshouser
(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof July 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackmann - Bauer

(b) Address 376 N 6th St. St. Charles, Mo

19. (a) July 6, 1943 (b) E. Mat E. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1943 hour 6 minute 20 P.A.M.

21. I hereby certify that I attended the deceased from June 10 1943 to July 3 1943
that I last saw him alive on July 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate
Duration ?

Due to.....

Due to.....

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

Major findings:
Of operations..... 518
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?
.....

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

23. Signature J. M. Jenkins (M. D. or other)
Address 754 Date signed 7-1-43

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

SEP 12 1944

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.....

Arthur C. Bane

Licensed Embalmer No.....

3145

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.