

3. No. 2
M-2-43
S-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26601

FILED AUG 18 1943 18

State File No. _____
Registrar's No. 7107

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town. St. Louis
(c) Name of hospital or institution:
4125 Red Bud Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4125 Red Bud Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY TUBBESING DUEKER,
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles Dueker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 11, 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 4
year 1943 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from June 5, 1943 to Aug 4, 1943
that I last saw her alive on Aug 4, 1943 and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

8. AGE: Years 76 Months 8 Days 23 If less than one day _____ hr. _____ min.

Due to Senility
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At. Home
11. Industry or business _____
12. Name ? Greiner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Irwin Tubbesing
(b) Address 4125 Red Bud Avenue
17. (a) Burial (b) Date thereof 8/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) Aug 18 1943 (b) J. F. Bradeck
(Date received local registrar's certificate) (Registrar's signature)

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. E. McKee (M. D. or other) _____
Address 400 5th Flannery Date signed 8-6-43

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

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..... *Francis A. Williamson*
Licensed Embalmer No. *3565*
P. O. Address..... *St Louis 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.