

No. 2
-2-43
5-17-39
X3399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33025**
Registrar's No. **8801**

Registration District No. **1943318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Starkloff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 17 Days
(Specify whether In this community _____ 60 Years _____ years, months or days)

3. (a) PRINT FULL NAME Joseph Debigare

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Ella

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

7. Birth date of deceased March 25 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	8	_____ hr. _____ min.

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

10. Usual occupation Paper Hanger

11. Industry or business

MOTHER FATHER { 12. Name Joseph Debigare

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

14. Maiden name Mother Presault

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

16. (a) Informant Mary Ella Debigare

(b) Address 3014 Itaska

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10-6-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) OCT 5 1943
(Date registered)

J. F. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3014 Itaska
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
year 1943 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from August 18, 1943 to October 3, 1943
that I last saw him alive on October 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart disease + cor pulmonale

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy as above

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. J. Matens
Address 1515 Lafayette Avenue
Date signed 10/5/43
(M. D. or other) (Date signed)

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 Virgil L. Berryman
Licensed Embalmer No. 4018
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.