

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39698

State File No. 11101

Registrar's No. 11101

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Hours (Specify whether
in this community Life (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. 2840 Eads Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

(a) PRINT FULL NAME CLARENCE J. DE PUNG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th
year 1943 hour 5 minute 20 P.M.

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

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, divorced

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

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

Immediate cause of death Labor Pneumonia Primary

7. Birth date of deceased May 15th 1888
(Month) (Day) (Year)

Due to _____

8. AGE: Years Months Days If less than one day
55 6 27 hr. min.

Due to _____

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

Due to _____

10. Usual occupation Electric Operator

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name Wm. DePung

Of autopsy _____

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

14. Maiden name Lena Meyer

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

16. (a) Informant Roy J. DePung
(b) Address 2840 Eads Ave.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2501 Lafayette Ave.

While at work? _____ (Specify type of place)
(c) Means of injury 3

19. (a) DEC 14 1943 (Date received local registrar)
J. F. Busch (Registrar's signature)

23. Signature James J. Fitzhugh (M. D. or other)
Address 1300 Clark Date signed 12-14-43

WRITE PLAINLY - USE UNFADING, BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

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

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

L. R. Cooper

Licensed Embalmer No.

3633

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.