

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

22999  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5032**  
Registrar's No. **1719**

FILED MAR 1 1944

818

Registration District No. \_\_\_\_\_

1003

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4130 Gano Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Henry Dehas  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. N490-18-8391

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 19th year 1944 hour 12:40 minute A. M.  
21. I hereby certify that I attended the deceased from Jan. 30th 19 44 to Feb. 19th 19 44  
that I last saw him im alive on Feb. 19th 19 44  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katherine Dehas  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Sept. 20th, 1882  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Lung  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) HP  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years 61 Months 4 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business U.S. Government

MOTHER FATHER {  
12. Name Henry Dehas  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name DONT KNOW  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Dehas

(b) Address 4130 Gano Ave.

17. (a) Burial (b) Date thereof 2-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Bl

19. (a) FEB 21 1944 (b) J. J. Bredon  
(Date received local registrar) (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) Means of injury \_\_\_\_\_  
23. Signature J. Krey... (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 2/19/44

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*Robert L. Brinkman*  
Licensed Embalmer No. 3553  
P. O. Address: 3710 N Grand

**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.**