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M-543
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5057**

FILED MAR 6 1944 **318**

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **1832**

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:
Desloge Hospital **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days** (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **917**
(d) Street No. **3649 DeTonty St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Alice DuPerrex**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Robert DuPerrex** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **March 6 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 **11** **21** **0** hr. **0** min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Anton Gimpel**

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

14. Maiden name **Lisetta Ruth**

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

16. (a) Informant **Robert DuPerrex**

(b) Address **3649 DeTonty St.**

17. (a) **Burial** (b) Date thereof **1-25-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DeSoto Missouri**

18. (a) Signature of funeral director **Petz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **FEB 24 1944** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **21st** day **February**
year **1944** hour **5:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan. 6,**
19**44**, to **Feb. 21**, 19**44**;
that I last saw her alive on **Feb. 21**, 19**44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Uterus with Metastases to Peritoneal Cavity and Liver** Duration **Uncertain**

Due to _____

Due to _____

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

Major findings: Of operations **No operations**

Of autopsy **No 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) **No.**

(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 **G. O. Brown** (M. D. or other) **MA**

Address **1326 S. Grand Blvd.** Date signed **2/23/44.**

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

MOTHER FATHER

Dr. J. A. Brown
Deerlog, Va. Capital

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 *Frank J. Quinn*

Licensed Embalmer No. *2245*

P. O. Address *P. O. Home*

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.