

FILED MAR 27 1944

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

2511

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Firmin Desloge Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT

FULL NAME Benjamin A. Dubach

3. (b) If veteran, name war None
 3. (c) Social Security No. 344-01-2887

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Alma M. Dubach
 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased July 26 1903
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 7 18 hr. min.

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

10. Usual occupation Painter

11. Industry or business Wick Pipe Organ Co.

12. Name Ferdinand Dubach

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

14. Maiden name Anna Walter

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

16. (a) Informant John Dubach

(b) Address Highland, Ill.

17. (a) Removal (b) Date thereof 3-15-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) J. F. Busch (b) J. F. Busch
 (Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
 (c) City or town Highland
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
 year 1944 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Ellevated during operation for removal of cancer of the stomach
Due at Firmin Desloge Hosp. Mar. 14 1944 about 12:09 pm

Due to _____
1 Hosp. Ill.
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of 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) _____
 (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 Thomas F. Callahan (M.D. or other) _____
 Address Deputy Coroner Date signed 3-15-44

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 *John Agnoski*.....
..... Licensed Embalmer No. *3390*.....

P. O. Address.....

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.