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M-8-13
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19069 ✓

State File No. _____
Registrar's No. 1222

FILED JUN 31 1944
Registration District No. 317

Primary Registration District No. 3063

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay - Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 842I-Tennessee- County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis ✓
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 842I Tennessee
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Duesterhaus
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

20. DATE OF DEATH: Month May day 30
year 1944 hour 10:30 minute P M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Addie Duesterhaus 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 20, 1874
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
69 10 10 _____hr. _____min.

Immediate cause of death Hanged self in basement of own home. Duration _____

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

Due to Strangulation by ligature.

10. Usual occupation Watchman

Due to _____

11. Industry or business Lemay District

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

12. Name Theodore Duesterhaus

Major findings: _____

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

Of operations _____

14. Maiden name Unknown

Of autopsy No.

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marie Neubauer

22. If death was due to external causes, fill in the following:

(b) Address 842I Tennessee

(a) Accident, suicide, or homicide (specify) Suicide.

17. (a) Burial (b) Date thereof June 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence May 30, 1944

(c) Place: burial or cremation S. S. Peter And Paul Cem.

(c) Where did injury occur? 842I Tennessee Ave.
(City or town) (County) (State)

(a) Signature of funeral director Fendler Und. Co.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home.

(b) Address 7420 Michigan Avenue

23. Signature _____ (Specify type of place) (e) Means of injury _____
Date signed _____

(a) JUN 3-1944 (b) E. H. McKeown, M.D.
(Date received local registrar) (Registrar's signature)

Address Clayton, Mo. 63111

copies
422
6/44

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 Gowanowski

Licensed Embalmer No.

2398

P. O. Address

6th Street N -

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.