

No. 2
1-2-43
5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28662

FILED SEP 15 1944

Registration District No. 370

Primary Registration District No. 6051

State File No.

Registrar's No. 118

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route # 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kathryn Debet
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 13
year 1944 hour 12 minute 30 P. M.

4. Sex Female race White 5. Color or White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coroners Inquest, 1944, to 1944, that I last saw him alive on _____, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
5 1 14 hr. min.

Immediate cause of death Atypical pneumonia edg?

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

Due to 108

10. Usual occupation _____

Other conditions Patent foramen ovale
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Leo A. Debet Jr.
13. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations As:
Of autopsy Atypical pneumonia Patent foramen ovale Stomach wall thick

14. Maiden name Helen M. Debet
15. Birthplace St. Charles Co., Mo.
(City, town, or county) (State or foreign country)

Underline the cause to which death should be attributed

16. (a) Informant Leo A. Debet Jr.
(b) Address Rt. 3 - St. Charles, Mo.

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 (b) Date thereof Aug 16 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Mortuary Co.

23. Signature A. Perich Schurz
(Specify type of place) (M. D. or other)

18. (a) Signature of funeral director H. C. Dallenmyer & Sons
(b) Address 201 N. Secor, St. Charles, Mo.
19. (a) 8/21/44 (b) John A. Paul
(Date received local registrar) (Registrar's signature)

While at work? _____ Means of injury _____
Date signed 8/17/44

1340 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed..... 9-14-44

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 E. Dalhryde

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

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.