S. No. 2
M—8-43
7. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29907

State File No. 29907

FILED OCT 6 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8203

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5511 Alaska Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community 23 Years In St Louis
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5511 Alaska Ave. 15
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANK VERDERBER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife ELIZABETH VERDERBER

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased May 4th 1904
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	4	20	hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Clothes Presser

11. Industry or business

MOTHER FATHER

12. Name Frank Verderber

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Austria 11
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Verderber 1

(b) Address 5511 Alaska Ave.

17. (a) Burial (b) Date thereof 9/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SunSet Burial Park

18. (a) Signature of funeral director Thos Lutz & Son

(b) Address 3906 Gravois Ave.

19. (a) SEP 26 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1944 hour 2.40 A.M. minute 2.40 A.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 Carbon Monoxide Poisoning when he was found in the trunk of his car, in garage in rear of his home

Due to Suffocating Gas burning from the exhaust into trunk on Sept 24 1944

Due to

Other conditions About 2.40 AM
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operation 1.63M
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) Suicide

(b) Date of occurrence Sept. 24 1944

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (e) Means of injury Gas

23. Signature James J. Fitzgerald (M. D. or other) Coroner

Address 1200 Clark Date signed 9/25/44

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 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.