No. 300
10.48

FILED APR 28 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13486

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 75

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

**1. PLACE OF DEATH**
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): Life time
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 613 North Benton

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
d. STREET ADDRESS (If rural, give location): 613 North Benton Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First): FRANK
b. (Middle): H.
c. (Last): DEBRECHT

**4. DATE OF DEATH** (Month) (Day) (Year): April 12-1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: January 25-1867
**9. AGE** (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Painter
**10b. KIND OF BUSINESS OR INDUSTRY**: Automobile Painting
**11. BIRTHPLACE** (State or foreign country): St. Charles, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Frank Debrecht
**13b. MOTHER'S MAIDEN NAME**: Mary Eckler
**14. NAME OF HUSBAND OR WIFE**: Mary (Nau) Debrecht

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: NIL
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Mary Debrecht-St. Charles, Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis, generalized — 10 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

4500

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): No
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): —
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St Charles, St Charles, Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): ~~April 12 1949 4 A.m.~~
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* Jan 1949, *to* April 12, 1949, *that I last saw the deceased alive on* April 10, 1949, *and that death occurred at* 4:00 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): George E. Aster M.D.
**23b. ADDRESS**: St Charles Mo
**23c. DATE SIGNED**: 4-12-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: April 15-1949
**24c. NAME OF CEMETERY OR CREMATORY**: St. Peter Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Charles, Missouri

**DATE REC'D BY LOCAL REG.**: April 14-49
**REGISTRAR'S SIGNATURE**: Fannie Hamilton 284
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: H. C. Dallmeyer & Sons Co, 800 N. 2nd-St. Charles, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 27 1949

## 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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles me

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.