

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11063**

FILED APR 6 1953

REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Saint Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. LENGTH OF STAY (in this place) 7 weeks	c. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		0953
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital			d. STREET ADDRESS (If rural, give location) 804 North Third Street		
3. NAME OF DECEASED (Type or Print) Clemence		a. (First) H.	b. (Middle) Debrecht	c. (Last) Debrecht	4. DATE OF DEATH (Month) (Day) (Year) March 31, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1913	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry J. Debrecht		13b. MOTHER'S MAIDEN NAME Caroline Lenke		14. NAME OF HUSBAND OR WIFE Rose (nee Primeau) 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. NO	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Debrecht	ADDRESS St. Charles, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic Carcinoma ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Pneumonia, bilateral DUE TO (c) Pleurisy with effusion, bilateral. II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH Undet. 7 wks. 7 wks.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162 X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 7, 1953 to March 31, 1953 , that I last saw the deceased alive on March 30, 1953 , and that death occurred at 12:05 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE W. M. G. G. G.			(Degree or title) M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED Apr. 1, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 2, 1953	24c. NAME OF CEMETERY OR REPOSITORY St. Chas. Borromeo	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.		
DATE REC'D BY LOCAL REG. April 1, 1953	REGISTRAR'S SIGNATURE Pauline H. H. H.	25. FUNERAL DIRECTOR'S SIGNATURE W. C. G. G.	ADDRESS St. Charles, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

923
0

APR 21 1953

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: Frank R. Amaker

Licensed Embalmer No. 4832

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.