

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

11446

State File No.

2376

No. 300
10-48

FILED MAR 24 1953
BIRTH NO. **90711**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2269
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital			d. STREET ADDRESS (If rural, give location) 26 3532 N. 14th Street		
3. NAME OF DECEASED (Type or Print) a. (First) Don		b. (Middle) Richard		c. (Last) Debert	
4. DATE OF DEATH Mar. 2, 1953			5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby Never married		8. DATE OF BIRTH Dec. 30, 1952	
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR 2 Months	IF UNDER 1 YEAR 2 Days	IF UNDER 1 YEAR Hours 2 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby none		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Leonard Debert		
13b. MOTHER'S MAIDEN NAME Evelyn Leibach			14. NAME OF HUSBAND OR WIFE None		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Debert 3532 N. 14th Street	
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. URD. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
21f. HOW DID INJURY OCCUR 501X			22. I hereby certify that I attended the deceased from 2/1/53 , 19 53 , to date of death , that I last saw the deceased alive on 3/1 , 19 53 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) McReichert M.D.			23b. ADDRESS 2415 N. Kingshighway		
23c. DATE SIGNED 3/2/53			24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		
24b. DATE 3-4-53			24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis County MO			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 3 1953			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street		

(Licensed Embalmer's Statement on Reverse Side)

Baby admitted with severe pneumonia

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

Gustav W. Rutledge

Licensed Embalmer No. *4329*

P. O. Address, *St. Louis, 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.