

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

27329

Do not use this space.

7343

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City, St. Louis ..... (d) Street No. 5720 Labadie Ave. ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Dueringer. 652

(a) Residence, No. 5720 Labadie Ave. St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Dueringer.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1865.</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>	DAYS <u>22</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Meat Packer.</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>retired.</u>			
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>			
	13. NAME <u>Dont know.</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>			
	15. MAIDEN NAME <u>Dont know.</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>				
17. INFORMANT <u>George S. Dueringer.</u> (ADDRESS) <u>5720 Labadie Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory. Aug. 19, 1938.</u>				
19. FUNERAL DIRECTOR (NAME) <u>Geo. L. Pleitsch Inc.</u> (ADDRESS) <u>5966-68 Easton Ave.</u>				
20. FILED <u>AUG 18 1938</u> <u>J. D. Budick</u> Local Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1938, to Aug 10, 1938  
 Last seen alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of esophagus. HB  
metastasis to lungs

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify H. F. Bergman, M. D.  
 (Signed) 3220 Washington  
 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 \_\_\_\_\_

Licensed Embalmer No. 1699

P. O. Address 5966 Gaston St  
Charlotte, N.C.

**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, above space should be left blank.**