

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution:
929 Erskine ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs.
In this community 30 yrs.
years, months or days) (Specify whether)

8. (a) PRINT FULL NAME August De Buck

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stephanie DeBuck 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 9 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Fireman

11. Industry or business Retired

MOTHER FATHER { 12. Name Jacob DeBuck

18. Birthplace Belgium
(City, town, or county) (State or foreign country)

14. Maiden name Melanie Deera

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

16. (a) Informant Stephanie DeBuck

(b) Address 929 Erskine ave.

17. (a) Burialists Cem. (b) Date thereof April 30, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

19. (a) Signature of funeral director W. H. Meyer M.D. Corp.

(b) APR 29 1941 (c) W. H. Meyer M.D. Corp.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 929 Erskine ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from January 1, '41
to April 25, 1941, to April 25, 1941,
that I last saw him alive on April 25, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction
Duration

Due to Arteriosclerosis

Due to 42H

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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)

(b) Date of occurrence

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

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

While at work? (Specify type of place) (a) Means of injury

23. Signature W. H. Meyer (M. D. or other) 1

Address 3318 S. Grand Date signed 4-28-41

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

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 *Linna C. Hoffmeister*

Licensed Embalmer No. *3571*

P. O. Address *7814 S. Broadway*

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.