S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16311

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3829

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5839 Vivian Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 717
(If outside city or town limits write "RURAL")

(d) Street No. 5839 Vivian Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Fred Duepner

3. (b) If veteran, name war

3. (c) Social Security No. 489-09-7821

4. Sex Male ()

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Ella

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June (Month) 17 (Day) 1895 (Year)

8. AGE: Years 45 Months 10 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) () Missouri (State or foreign country)

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name Charles Duepner
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilhelmina
15. Birthplace Unknown (City, town, or county) / Ohio (State or foreign country)

16. (a) Informant Ella Duepner
(b) Address 5839 Vivian Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 7 (Day) 1941 (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Seidenwieden Trust Home Inc
(b) Address 1036 St. Louis Ave.

19. (a) MAY 6 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5/1/41, 19__, to 5/4/41, 19__;
that I last saw him alive on 5/4/41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	2 yrs.
Primary site probably	
Due to spine	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

55 P

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?
(Specify type of place)
While at work? — (e) Means of injury 0

23. Signature W. J. Stein (M. D. or other) Med.
Address 6807 W. Florissant Date signed 5/5/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3737

P. O. Address 1936 St. Louis

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.