

PAID OCT 18 1941
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 29833

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7170

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:
3530a North 23rd Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Since Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3530a North 23rd Street
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1941 hour 5 minute PM M.

21. I hereby certify that I attended the deceased from April 9
1938 to Sept 2 1941
that I last saw him alive on Sept 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acidosis Duration 30 day
Pyelo nephritis, non-calculous 2 weeks
Due to Cystitis, non-tubercular 2 months
Non-gonococci.
Due to Paralysis Agitans 3 years
followed by inability to swallow.

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____ Means of injury _____
23. Signature Ronald H. Flotte (FLOTTE) U
(M. D. or other) _____
Address 2302 Salisbury St Date signed 9-2-41

3. (a) PRINT FULL NAME GEORGE J. DUERBUSCH,

3. (b) If veteran, name war No 3. (c) Social Security No. 489-10-7356

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

6. (b) Name of husband or wife Louise E. Duerbusch 6. (c) Age of husband or wife if alive 47 yrs

7. Birth date of deceased. April 7, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 26
If less than one day hr. _____ min. _____

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

10. Usual occupation Butcher Retired

11. Industry or business _____

12. Name William Duerbusch

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cramer

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

16. (a) Informant Louise E. Duerbusch

(b) Address 3530a N. 23rd Street

17. (a) Burial (b) Date thereof 9/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S S Peter & Paul

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. SEP 4 1941 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

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 *William G. Buchholz*

Licensed Embalmer No. *2116*

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.