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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 10

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

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:
5027 Wren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Life Time (Specify whether
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. 5027 Wren (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph J. Duever
(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan, day 10
year 1942 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from March
5 1942 to Jan 10 1942
that I last saw him alive on Dec 27, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Duever 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 3 1866
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to Dementia
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
75 6 7 hr. min.
9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Woodworker

11. Industry or business _____
MOTHER FATHER { 12. Name William Duever
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Averhaus
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Anna Duever
(b) Address 5027 Wren
17. (a) Burial (b) Date thereof Jan. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
Stroot Carroll
18. (a) Signature of funeral director _____
(b) Address 4600 Natural Bridge
13 1942 (b) J. F. Anderson
(Date received local registrar) (Registrar's signature)
19. (a) _____ (b) _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. J. Schumaker (M. D. or other) no
Address 4991 Thrush Date signed 1-12-42

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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address.....

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.