

Registration District No. 78

Primary Registration District No. (11)

Registrar's No. 810

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RICH. HCTS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(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 MO (b) County 96
(c) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL")
(d) Street No. 1140 EDWARD TERRACE
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN W. DUEBER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased APRIL 9 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 hr. 30 min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business.....

MOTHER FATHER { 12. Name CLARENCE DUEBER
13. Birthplace COLE CAMP, MO
(City, town, or county) (State or foreign country)
14. Maiden name DOROTHY CARPENTER
15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Dueber
(b) Address 1140 Edward Terrace

17. (a) BURIAL (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 1416 N. Taylor Ave.

19. (a) APR 10 1942 (b) C. H. McFarren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 9 1942 to April 9 1942
that I last saw him alive on April 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Born 37 wks. gestation

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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)
(b) Means of injury.....

23. Signature John R. Vaughan M. D. or other.....

Address 634 N. Grand Date signed 4-10-42

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 *Clement McManis*
Licensed Embalmer No. *3732*
P. O. Address *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, fact should be so stated above.

300 (1) 114A