

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38619

State File No.

FILED JAN 13 1943

318

Registration District No.

Primary Registration District No.

Registrar's No. 10988

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:
7711 ALASKA-1
(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)

3. (a) PRINT FULL NAME JOSEPH A. DABIN

3. (b) If veteran, name war NO

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOUISA

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased AUG 12 - 1967
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 17
If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business RETIRED

MOTHER FATHER

12. Name JOHN DABIN

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

14. Maiden name SUSAN McCLAIN

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

16. (a) Informant LOUISA DABIN

(b) Address 7711 ALASKA. AV

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

(c) Place: burial or cremation PARKLAWN CEM.

18. (a) Signature of funeral director J. P. French

(b) Address 7124 MICHIGAN

19. (a) DEC 30 1942 (b) J. F. Bressek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 7711 ALASKA. AV
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 29
year 1942 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 1939 to date Dec 29 1942
that I last saw him alive on Dec 28 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Bronchitis & Myocarditis
Carcinoma of Rectum several yrs.

Due to.....

Due to.....

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (Specify type of injury)

23. Signature J. F. Bressek (M. D. or other).....
Address 7405 Mich Av Date signed 12/29/42

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.....

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7327 Maywood

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.