

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26606

ED AUG 23 1943

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7372

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... ST LOUIS MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BETHESDA HOSP O
 (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 GASPARD X DUTHER3. (b) If veteran, name war..... NONE
3. (c) Social Security No. NONE4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
702-05-0166. (b) Name of husband or wife..... LOUISE BRANDT 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased..... MAR 30 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 4 11 hr. min.9. Birthplace..... ST. LOUIS MO
(City, town, or county) (State or foreign country)10. Usual occupation..... CLERK11. Industry or business..... WABASH RR12. Name..... GASPAR DUTHER13. Birthplace..... FRANCE 5
(City, town, or county) (State or foreign country)14. Maiden name..... UNKNOWN
15. Birthplace..... FRANCE 5
(City, town, or county) (State or foreign country)16. (a) Informant..... LOUISE DUTHER(b) Address..... 3022 VIRGINIA AVE17. (a) BURIAL (b) Date thereof 8-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... SUNSET18. (a) Signature of funeral director..... KRIEGER HAUER(b) Address..... 422 S KING HIGHWAY19. (a) J. D. Bredeck (b) J. D. Bredeck
(Date of label registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County..... 000 / 12 / 16
 (c) City or town..... ST LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 3022 VIRGINIA AVE
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 11
year 1943 hour 9 minute 240 M.21. I hereby certify that I attended the deceased from 8-28-43
19... to 19...
that I last saw him alive on 8-11-43, 19...
and that death occurred on the date and hour stated above.Immediate cause of death..... Peritonitis 6wks+Due to..... gangrenous appendicitis

Due to.....

Other conditions..... 12/11
(Include pregnancy within 3 months of death)Major findings:
Of operations.....Of autopsy..... no

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (c) Means of injury.....

23. Signature..... Shoemaker (M. D. or other) MD
Address..... 626 Metropolitan Bldg Date signed..... 8/14/43

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

MOTHER FATHER

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.....

Clavin D. McDevine

Licensed Embalmer No. 3024

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.