

FILED NOV 7 1946 318

State File No. _____
Registrar's No. 9106

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Park Lane Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5416 Thrush
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jacob Francis De Pauw
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 498-26-5080

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 th
 year 1946 hour 5:00 minute A., M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widower
 6. (b) Name of husband or wife Emma Neels
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: December 9, 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 11, 1946 to Oct 20, 1946
 that I last saw him alive on Oct 19, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Pertussis
hectic degeneration, hemorrhagic
 Duration _____

8. AGE: Years Months Days If less than one day
72 10 11 hr. min.

Due to Sartric Alcen - ?
 Due to _____

9. Birthplace: _____
 (City, town, or county) (State or foreign country) Holland

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

10. Usual occupation Janitor

MOTHER FATHER

11. Industry or business _____
 12. Name Jacob De Pauw
 13. Birthplace _____
 (City, town, or county) (State or foreign country) Holland
 14. Maiden name Unknown
 15. Birthplace _____
 (City, town, or county) (State or foreign country) Holland

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Theodore De Pauw
 (b) Address Mc Bride, Mo.
 17. (a) Burial (b) Date thereof 10-23-1946
 (Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Belgique, Mo.

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? _____

18. (a) Signature of funeral director Raymond Hone
 (b) Address Ferryville, Mo.
 19. (a) OCT 24 1946 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Wm. Wright (M.D. or other)
 Address 8201 N. Broadway, St. Louis Date signed 10/24/46

WRITE PLAINLY—USE UNFADING 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.....

Albert Bey

Licensed Embalmer No. *3866*

P. O. Address *Perryville, 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.