

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40578**

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **10349**

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

1. PLACE OF DEATH:

(a) County..... **20** Mo.

(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**5337 Odell Ave.**  
(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 **Henry J. Dumas**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **488-09-4127**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Theresa Dumas** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **July 16 1881**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **5** Days **0** If less than one day  
hr. min.

9. Birthplace **New Orleans La.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Electro plater**

11. Industry or business

MOTHER FATHER { 12. Name **Victor Dumas**

13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Schneeberen**  
(City, town, or county) (State or foreign country)

15. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Theresa Dumas**

(b) Address **5337 Odell Ave.**

17. (a) **Burial** (b) Date thereof **12-18-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **DEC 17 1940** (b) **J. H. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5337 Odell Ave.** **13**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16th**  
year **1940** hour **5:15** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **9/11** to **12/16**, 19**40**  
that I last saw him alive on **12/14**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate**  
**urethra**

Due to.....

Due to..... **57**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... **none**

Duration  
**10 days**

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

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?

23. Signature **L. A. [Signature]** (M. D. or other) **709**  
Address **2608 S. Kingshighway** Date signed **12/16/40**  
(Specify type of place) (e) Means of injury

Mr. M. W. Brown

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**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 Edwin A. McQuinn

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.**