S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36921

Registration District No. DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No. 9151

**1. PLACE OF DEATH:**

(a) County: S. Louis

(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: Barnard Free Skin & Cancer Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: St Charles 92

(c) City or town: St Charles 9NR
(If outside city or town limits, write "RURAL")

(d) Street No.: 377 Clark St, St Charles Mo 3
(If rural, give location)

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

3. (a) PRINT FULL NAME: LOUIS A. DORAIS

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: MALE O

5. Color or race: WT.

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

6. (b) Name of husband or wife: ESTHER

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

7. Birth date of deceased: Jan (Month) 31 (Day) 1862 (Year)

8. AGE: Years 79 Months 9 Days 15 If less than one day hr. min.

9. Birthplace: St Charles County (City, town, or county) — (State or foreign country) D

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Louis Dorais
13. Birthplace: Montreal (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name: Rose Carby
15. Birthplace: St Charles (City, town, or county) Mo (State or foreign country) D

16. (a) Informant: James E Dorais
(b) Address: 3811 A Carter St Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: St Charles, Mo.

18. (a) Signature of funeral director: JE Gallmeyer
(b) Address: St Charles Mo

19. (a) NOV 18 1941 (Date received local Registrar) (b) J F Budack (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 16th year 1941 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from Oct 18, 1941, to Nov 16, 1941; that I last saw him alive on Nov 16, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Lobar pneumonia | 17 hrs |
| Due to: Metastatic carcinoma, buccal mucous membrane | 3 mos. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings: Of operations: Ca carcinoma, metastatic to cervical lymph nodes

Of autopsy: None

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? (Specify type of place)

While at work (e) Means of injury:

23. Signature: Vernon O Gunnell (M. D. or other)

Address: Barnard Skin & Ca Hosp Date signed 11-16-41

(Licensed Embalmer's Statement on Reverse Side)

## 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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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, above space should be left blank.**