. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40319

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10063

**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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis, 517
(If outside city or town limits, write "RURAL")

(d) Street No. 5228 Page, 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Byrdie A.D. Du Bois. Byrd Donna Du Bois

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Percy L. Du Bois

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

7. Birth date of deceased Nov. (Month) 4. (Day) 1869 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 1 | 14 | hr. min. |

9. Birthplace De Soto, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Garett Ackerson.
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Amanda Dodge.
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Miss. Pauline L. Goddard
(b) Address Des Pere, Rd. Kirkwood, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto, Missouri

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar, Blvd.,

19. (a) DEC 20 1941 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 18
year 1941 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from December 10, 1941, to December 18, 1941;
that I last saw her alive on December 18, 1941;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lobar pneumonia | 2 days |
| Due to | |
| Due to | |
| Other conditions Diabetes mellitus (Include pregnancy within 3 months of death) | 10 years |
| Arteriosclerotic Heart Disease | |

Major findings:
Of operations
Of autopsy

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 Leo J. Wade (M. D. or other)
Address BARNES HOSPITAL Date signed 12/19/41

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington
JE#511
1-4 p.m.

## 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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, O

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**