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No. 2  
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5-17-39  
X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 3 1943 8  
Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10279

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 5 Weeks  
(Specify whether)  
In this community 40 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town: St. Louis  
(If outside city or town limits, write "RURAL") 6'7  
9  
(d) Street No. 5536 Hebert  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Eugene Moye Dancy

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 486-14-0903

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Helen M. Dancy 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct. 10, 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Government Employee

MOTHER FATHER { 11. Industry or business

12. Name W. Wyatt Dancy  
13. Birthplace Tarborn North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Octavia Primm  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen M. Dancy  
5536 Hebert  
(b) Address

17. (a) Burial (b) Date thereof Nov. 22, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll

(b) Address 4600 Natural Bridge

19. (a) NOV 24 1943 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19  
year 1943 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from July 10, 1943 to Nov 19, 1943  
that I last saw him alive on Nov 19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis and Myocarditis  
Due to Chronic Nephritis  
Due to 1/21

Other conditions 1/21  
(Include pregnancy within 3 months of death)

Major findings: Of operations —  
Of autopsy —

Duration

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? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature [Signature] (M. D. or other) MD  
Address 1901 Madison St Date signed 11/20/43

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

10279  
64201

10279  
64201

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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 *Sheldon Collier*

Licensed Embalmer No. *3382*

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.**