

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:  
6000 Waterman 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

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. 6000 Waterman Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME J. Keane Dubrouillet

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Mary Agnes Dubrouillet 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 10th., 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 6 24 28 hr. min.

9. Birthplace St. Louis 0 Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Ordinance Dept. Govt.

11. Industry or business \_\_\_\_\_

12. Name John Dubrouillet

13. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Keane

15. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Agnes Dubrouillet

(b) Address 6000 Waterman Ave.

17. (a) Burial (b) Date thereof 11-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathary

18. (a) Signature of funeral director Arthur Nonnelly

(b) Address 3840 Lindell Blvd

19. (a) NOV 5 1943 (Date received local registration) J. B. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th  
year 1943 hour 1:00 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 1942 to Nov 1943  
that I last saw him alive on Oct 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) AK

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature Arthur Nonnelly (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 11-4-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

229

11/43

894

NOV 19 1944

OCT 15 1944

JUN 9 1944

SEP 1 1944

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.