

S. No. 2
M-543
5-17-39
P. I. X36671

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS

35070

State File No. _____
Registrar's No. **8527**

FILED OCT 16 1948
STANDARD CERTIFICATE OF DEATH
1003
Registration District No. **318** Primary Registration District No. _____

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

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: Memorial Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. R-R #2
(If rural, give location) NR. 0
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Dubois, Francis
3. (b) If veteran, name war World War #2
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 3
year 1946 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3 1946 to Oct 3 1946
that I last saw him alive on Oct 3 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Malmros
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct 21 1887
(Month) (Day) (Year)

Immediate cause of death Toxemia
Due to Bacterial Endocarditis
Due to _____
Other conditions Lues
(Include pregnancy within 3 months of death)

8. AGE: Years 58 Months 11 Days 12
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation yard Employee. A + S. R. R.

11. Industry or business Special Agent

12. Name Frank M. Dubois

13. Birthplace 4 ranch Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Annabelle Entwistle

15. Birthplace Collinsville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Johan H. Mahan
(b) Address East St. Louis

17. (a) Removed (b) Date thereof Oct 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Memorial
18. (a) Signature of funeral director Chas. M. Burke
(b) Address East St. Louis
19. (a) OCT 4 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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 0
23. Signature Vincent A. Sherrill (M. D. Illinois)
Address Mo. Pac. Hosp. Date signed 10-3-46

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..... *Chas M. Burke*

Licensed Embalmer No..... *2421*

P. O. Address..... *East St. Louis*

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.