

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6904

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2066 Registrar's No. 00237

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If last residence was in another State, Territory, or Possession, give State, Territory, or Possession.) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Marine Hospital, Kirkwood, Mo		d. STREET ADDRESS (If rural, give location) 434 So. Park	

3. NAME OF DECEASED (Type or Print) Paul	a. (First) Paul	b. (Middle) W.	c. (Last) DeClue	4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 12, 1909	9. AGE (In years last birthday) 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter		10b. KIND OF BUSINESS OR INDUSTRY unemployed	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Paul DeClue	13b. MOTHER'S MAIDEN NAME Alice Garrett	14. NAME OF HUSBAND OR WIFE Hazel Eunice DeClue
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W.W. 2 493-01-1248	17. INFORMANT'S SIGNATURE OR NAME ADDRESS U.S. MARINE HOSPITAL, KIRKWOOD, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral metastasis		2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Melanoma		7 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		x 53	193X

19a. DATE OF OPERATION 12-16-48	19b. MAJOR FINDINGS OF OPERATION Biopsy of skin lesion	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) x	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) x
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from **Dec. 2, 1948**, to **Jan. 30, 1949**, that I last saw the deceased alive on **Jan. 30, 1949**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W.A. Iampley, S.A. Surg. USPHS	23b. ADDRESS U.S. Marine Hospital, Kirkwood	23c. DATE SIGNED Jan. 30, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2, 1949	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.
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DATE REC'D BY LOCAL REG. 2-2-49	REGISTRAR'S SIGNATURE Harold S. Leung	FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 4 1957
NMI

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7874 Broadway*

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.