

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1951

State File No. **14007**
Registrar's No. **3148**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place)		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5568 PERSHING AVE		e. STREET ADDRESS (If rural, give location) 5568 PERSHING AVE	
3. NAME OF DECEASED a. (First) CHARLES b. (Middle) EYANS c. (Last) DUBBS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 1st 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 21-1881
9. AGE (In years last birthday) 69	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIRE CHIEF WEST. U.	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME CHARLES E. DUBBS	13b. MOTHER'S MAIDEN NAME MARY O'NEILL	14. NAME OF HUSBAND OR WIFE ADELE DUBBS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Adele Dubbs - 5568 Pershing Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) Cerebrary Occlusion		
		DUE TO (c) Bilateral Branches		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		
		Pneumonia		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1250^p m., from the causes and on the date stated above.				
23a. SIGNATURE, (Name or title) Patrick E. Taylor, Embalmer		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4.2.51.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 4-1951	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
DATE REC'D BY LOCAL REG. APR 2 1951	REGISTRAR'S SIGNATURE J. B. Kusata	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS L. MULLEN UND. Co. 5165 DELMAR.		

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Ronald O. Yohuke

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *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.