

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2740

State File No.

FILED FEB 2 1952

0575

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>En Route City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5814 Mardel Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>Du Bois</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 13, 1907</u>		9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mangr. Supply Sales</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Supply Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Peters Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>George Du Bois</u>			13b. MOTHER'S MAIDEN NAME <u>Sophia Prinster</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys Mae Du Bois</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-2193</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Mae Du Bois</u> ADDRESS <u>5814 Mardel Ave.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured aorta; Multiple fractures suffered when struck</u> ANTECEDENT CAUSES <u>morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> (b) <u>toxicol. driven by one</u> <u>John Crawford at intersection</u> DUE TO (c) <u>being hit by and</u> <u>Demiate around 4:18 am</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Jan 18 1952</u> <u>accident</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>		21. HOW DID INJURY OCCUR <u>accident</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 18 52 4A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. <u>0-8124-25</u>			
22. I hereby certify that I attended the deceased from <u>4:18 pm</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:28 pm</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Alfred Perry Deputy Coroner</u> (Degree or title)			23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1/19/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 20 1952</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Chas. F. Stewart</u> ADDRESS <u>1225 Union</u>			

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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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

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.