

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1825

1. PLACE OF DEATH a. COUNTY St. Louis 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. LENGTH OF STAY (In this place) 4 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		d. STREET ADDRESS (If rural, give location) 6744 Robbins Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Duba			4. DATE OF DEATH (Month) (Day) (Year) July 3 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed ✓	8. DATE OF BIRTH Oct 16 1859	9. AGE (In years last birthday) 92	10. UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Anthony Duba		13b. MOTHER'S MAIDEN NAME Mary Tricka		14. NAME OF HUSBAND OR WIFE Mary Duba Dec	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arthur Giessman 6744 Robbins	

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) <i>Chr. Myocarditis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Heart arteriosclerosis</i> DUE TO (c) <i>senility</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Heat - contributing</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4221</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1947 to 7-3, 1952, that I last saw the deceased alive on 7-2, 1952, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Chas. J. Denny, MD</i>		23b. ADDRESS <i>Prave Coeur, Mo</i>		23c. DATE SIGNED 7-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 7 1952	24c. NAME OF CEMETERY OR CREMATORY St. Peter & St Paul	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. 7-3-52	REGISTRAR'S SIGNATURE <i>Herbert R. Donke MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave
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Sw (Licensed Embalmer's Statement on Reverse Side)

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

Dr C.R. Denny
Creve Couer Mo.
Te 4-2361

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

Alfred J. Wolschke

Licensed Embalmer No. 2663

P. O. Address 11251/4th Street

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.