

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33789

State File No.

FILED SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2309

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> St. Louis COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch, MO.</u>		c. LENGTH OF STAY (in this place) <u>1 MONTH</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hosp 21</u>			d. STREET ADDRESS (If rural, give location) <u>1813 Carr 1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>(N)</u> c. (Last) <u>Dumas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 4 52</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(N)</u>	8. DATE OF BIRTH <u>4-13-06</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____	IF UNDER 12 HRS. Days _____	IF UNDER 12 HRS. Hours _____	IF UNDER 12 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>confectionary owner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Samuel Dumas</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>deceased - Luvenia White</u>	
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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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Koch Hosp Records, Koch, Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute meningitis non-tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>3403A</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>pul. tbc</u>			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>pul tbc</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 8-5, 1952 to 9-4, 1952 that I last saw the deceased alive on 9-7-52 1952, and that death occurred at 9:45 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. V. Miller, M.D.</u>		23b. ADDRESS <u>North Hospital</u>		23c. DATE SIGNED <u>9-9-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington prk.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-5-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grant Johnson 4352 Washington</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

F. A. Green

Signed.....
Student Embalmer

Licensed Embalmer No. *2963*

P. O. Address *4214 Bolmar*

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.