

5. No. 300  
7. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36324**  
Registrar's No. **9143**

FILED OCT 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|  |                              |  |  |
|--|------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Mo</b><br>b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>  |                              | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Johns Hosp.</b>  |                              | d. STREET ADDRESS (If rural, give location)<br><b>2613 3134 Maury</b>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Leon</b><br>b. (Middle) <b>Marius</b><br>c. (Last) <b>duBois</b>  |                              | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sept. 30, 1952</b>   |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Sept. 29, 1920</b>  |
| 9. AGE (In years last birthday) <b>32 yrs</b>  |                              | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ins. Agent</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Asst. Insuors, Inc Charleston, S. Carolina</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                              | 13. FATHER'S NAME<br><b>Leon Auguste duBois</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Marian Groom</b>   |                              | 14. NAME OF HUSBAND OR WIFE<br><b>Lenora Juanita duBois</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>491-16-7673</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Lenora J. duBois</b>   |                              | ADDRESS<br><b>3134 Maury</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |                              | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 19c. AUTOPSY?<br>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) (m.)   |                              | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR?<br><b>237X</b>  |                              |  |  |
| 22. I hereby certify that I attended the deceased from <b>July</b> , 19 <b>52</b> , to <b>Sept 30</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Sept 30, 1952</b> , and that death occurred at <b>11 P</b> m., from the causes and on the date stated above. |                              |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>Martin W. Davis M.D.</b>  |                              | 23b. ADDRESS<br><b>539 N. Grand</b>  |  |
| 23c. DATE SIGNED<br><b>10/2/52</b>   |                              |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                              | 24b. DATE<br><b>Oct. 3, 1952</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lakewood Park Cemetery</b>  |                              | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>OCT 2 1952</b>  |                              | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Alexander &amp; Sons</b>  |                              | ADDRESS<br><b>6175 Delmar Blvd.</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

Dr. O. C. Pfeiffer  
4523 So. Kingsburyway  
Lo. 5422  
12-2-7-8 P.M.

408 Humboldt

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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 Geo. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Dillman

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.