

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2746**
Registrar's No. **3**

No. 300
10.48 FILED JAN 28 1953

REG. DIST. NO. **305-304** PRIMARY REG. DIST. NO. **6046**

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

BIRTH NO. _____		REG. DIST. NO. 305-304		PRIMARY REG. DIST. NO. 6046		Registrar's No. 3		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY St Charles		b. CITY (If outside corporate limits, write RURAL and give township) O'Fallon		a. STATE Mo		b. COUNTY St Charles		
c. CITY (If outside corporate limits, write RURAL and give township) O'Fallon		d. FULL NAME OF HOSPITAL OR INSTITUTION		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) O'Fallon		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) About 6 mi S. West		c. CITY (If outside corporate limits, write RURAL and give township) O'Fallon		OR TOWN Rural		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) Leo		b. (Middle) Dorais		c. (Last) Dorais		6. DATE OF BIRTH June 9 1866		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
Married		June 9 1866		86		Farming		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Farming		Farmer		Dardenne Mo		USA		
13a. FATHER'S NAME Louis Dorais			13b. MOTHER'S MAIDEN NAME Rose Corbett			14. NAME OF HUSBAND OR WIFE Katherine Dorais		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. ✓			17. INFORMANT'S SIGNATURE OR NAME Eduard Dorais O'Fallon Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac Decompensation					
			ANTECEDENT CAUSES					
			DUE TO (b) Ch. Myocarditis/Decompensation DUE TO (c) Generalized cardiac vascular atherosclerosis					
19a. DATE OF OPERATION			II. OTHER SIGNIFICANT CONDITIONS				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			Carcinoma Rt. Maxilla					
19b. MAJOR FINDINGS OF OPERATION			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?		
22. I hereby certify that I attended the deceased from Feb 18 , 1953, to Jan 21 , 1953, that I last saw the deceased alive on Jan 8 , 1953, and that death occurred at 2:30 p. m. , from the causes and on the date stated above...								
23a. SIGNATURE George R. Sasaki M.D.				23b. ADDRESS O'Fallon Mo.		23c. DATE SIGNED Jan 27, 53		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 24-53		24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception		24d. LOCATION (City, town, or county) (State) Dardenne Mo		
DATE REC'D BY LOCAL REG. Jan 23 1953		REGISTRAR'S SIGNATURE Matthew P. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE STEPITMAN Funeral Home		ADDRESS Westville Mo		

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 *Anneta M. Titman*

Licensed Embalmer No. *3055*

P. O. Address *Wentzville Mo*

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.