V.S. No. 300
Rev. 10.48

FILED APR 18 1953

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

15635

State File No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 3636

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**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: MAPLEWOOD
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2644 SUTTON 4534

**3. NAME OF DECEASED** (Type or Print)
a. (First): CHARLES
b. (Middle): JOSEPH
c. (Last): DUCARMONT

**4. DATE OF DEATH** (Month) (Day) (Year): APRIL 6, 1953

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: NOV-18-1880
**9. AGE** (In years last birthday): 72
IF UNDER 1 YEAR: Months: 4 Days: 18
IF UNDER 24 HRS.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): STOCK CLERK
**10b. KIND OF BUSINESS OR INDUSTRY**: GROCERY
**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS MO
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: PETER-DUCARMONT
**13b. MOTHER'S MAIDEN NAME**: MARGARET-FIRMBACK
**14. NAME OF HUSBAND OR WIFE**: AUGUSTA-DUCARMONT

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
**16. SOCIAL SECURITY NO.**: 490-14-5559A
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: OLIVE-DUCARMONT-2644 SUTTON

**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) Cerebral Vascular Accident
~~Myocardial Infarction~~

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) Generalized atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [ ] NO [X]

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

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22. *I hereby certify that I attended the deceased from* 4-2-53, 19____, *to* 4-6-53, 19____, *that I last saw the deceased alive on* 4-6-53, 19____, *and that death occurred at* 7:20A *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Albert E. Stock (Degree or title): MD
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 4-6-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 4-8-53
**24c. NAME OF CEMETERY OR CREMATORY**: RESURRECTION CEMETERY
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS COUNTY MO

DATE REC'D BY LOCAL REG.: APR 6 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: JAY-B-SMITH-MAPLEWOOD-MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.