

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6010**

1. PLACE OF DEATH a. COUNTY <u>City</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>6 mos.</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>16 3628a Hartford Ave. 21690</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marion</u> b. (Middle) <u>L.</u> c. (Last) <u>du Bois</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1953</u>
---	--

5. SEX <u>M. F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 28, 1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
------------------------	-------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Assoc. Insurers, Inc. Charleston, South Carolina</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Charleston, South Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>John Hugh Groom</u>	13b. MOTHER'S MAIDEN NAME <u>Loretta M. Phoole</u>	14. NAME OF HUSBAND OR WIFE <u>Leon Aguste du Bois</u>
--	---	---

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>500-34-9944</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis J. du Bois, P.O. Box #442 Weslaco</u>
---	---	---

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, asphyxia, 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) <u>Cerebral hemorrhage (Pt. hemiplegia)</u>		<u>1-15-53</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. cardio-vas. heart</u> DUE TO (c) <u>disease & hypertension</u>		<u>1-2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>me</u>	19b. MAJOR FINDINGS OF OPERATION <u>me</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>me</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>me</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>me</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>me</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>443X</u>
---	--	---

22. I hereby certify that I attended the deceased from 6-15-53 to 6-15-53, that I last saw the deceased alive on 6-15-53, and that death occurred at 5:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. C. [Signature]</u>	(Degree or title)	23b. ADDRESS <u>4523 S. Kingshighway</u>	23c. DATE SIGNED <u>6-16-53</u>
--	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 18, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>
---	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>JUN 16 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith me</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons, Inc.</u>	ADDRESS <u>6175 Delmar</u>
--	---	---	-------------------------------

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

Dr. O. C. Pfeiffer
12 to 2 Daily except Wed.
4523 So. Kingshighway
Lo. 5422

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2464*

P. O. Address *6123 Du*

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.