

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **24434**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6077**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE **Penn.** b. COUNTY **Schuylkill**

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis** c. LENGTH OF STAY (in this place) **DOA**
c. CITY OR TOWN **Minersville** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital** e. STREET ADDRESS (If rural, give location) **425 W. Coal St.** **83708**

3. NAME OF DECEASED a. (First) **Albert** b. (Middle) **L.** c. (Last) **Dauchess** 4. DATE OF DEATH (Month) (Day) (Year) **July 3, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **June 21, 1913** 9. AGE (In years last birthday) **41** IF UNDER 1 YEAR Months **0** Days **12** IF UNDER 4 HRS. Hours **12** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Soldier** 10b. KIND OF BUSINESS OR INDUSTRY **U. S. Army** 11. BIRTHPLACE (City and State or Foreign Country) **Seltzer City, Penn.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Geo. Dauchess** 13b. MOTHER'S MAIDEN NAME **Magdalen Balsis** 14. NAME OF HUSBAND OR WIFE **Katherine**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or date of service) **W.W.2 & current** 16. SOCIAL SECURITY NO. **205-05-6069** 17. INFORMANT'S SIGNATURE OR NAME **Katherine Dauchess** ADDRESS **4300 Goodfellow St. Louis**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heat Stroke, suffered when deceased was overhauled in parking lot at 4300 Goodfellow, on July 3 1954 about 9:09 pm**
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Accident** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident - Working Lot** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) **Working Lot** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 3 54 9:09** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E9315**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at **9:09** m., from the causes and on the date stated above. **46**

23a. SIGNATURE **Catriel Taylor Carson** (Degree or title) _____ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **JUL 6 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7/7/54** 24c. NAME OF CEMETERY OR CREMATORY **Arlington Cemetery** 24d. LOCATION (City, town, or county) (State) **Virginia**

DATE REC'D BY LOCAL REG. **JUL 6 1954** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Louis H. Boyd, Inc.** ADDRESS **Kirkwood Mo.**

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

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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.....
Signature of Student Embalmer

Signed *J. Allen Davis*.....
Licensed Embalmer No. *465*.....
P. O. Address *St. L.*.....

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.