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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38670

State File No.

BIRTH NO. FILED NOV 29 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10416

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN WOODRIVER	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 51 days		e. STREET ADDRESS (If rural, give location) 108 N. 14th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		812 8	
3. NAME OF DECEASED (Type or Print) a. (First) FORREST b. (Middle) P. c. (Last) DHUE		4. DATE OF DEATH (Month) (Day) (Year) 11-15-54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-7-1911
9. AGE (in years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) INDIAN SPRINGS, MD.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fred Dhue	13b. MOTHER'S MAIDEN NAME Pearl Lentz	14. NAME OF HUSBAND OR WIFE Ruth Dhue	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW-II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP. RECORDS, 915 N. Grand, St. Louis, Mo.	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SQUAMOUS CELL CARCINOMA OF LARYNX. FAR ADVANCED, TERMINAL.		INTERVAL BETWEEN ONSET AND DEATH 1 YR.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 10-5-54	19b. MAJOR FINDINGS OF OPERATION DIRECT LARYNGOSCOPY WITH BIOPSY SHOWING RESIDUAL CARCINOMA OF LARYNX.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE	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) (Minute) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 161 X	
22. I hereby certify that I attended the deceased from 9-25-54 , 19___, to 11-15-54 , 19___, that death occurred at 2:50 pm. , from the causes and on the date stated above.			
23a. SIGNATURE John E. Osborne (Degree or title) M.D.		23b. ADDRESS VAH, 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 11-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-16-54	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Bunker Hill, Ill.
DATE REC'D BY LOCAL REG. NOV 16 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	

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 *John J. Haines*.....
Licensed Embalmer No. *4108*.....
P. O. Address *Shawnee*.....

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.