

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

24849

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1704</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis County, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New York.</u> b. COUNTY _____					
b. CITY OR TOWN <u>Rural Airport Township</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>New York City.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Municipal Airport.</u>				STREET ADDRESS (If rural, give location) <u>#390 Riverside Drive.</u>					
3. NAME OF DECEASED (Type or Print) <u>MARCEL DUPONT.</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>7 24 55</u>		(Month) (Day) (Year)		5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White.</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single.</u>		8. DATE OF BIRTH <u>April 16, 1891.</u>		9. AGE (In years last birthday) <u>64.</u>		IF UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining Engineer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>511 - 5th Ave New York, N. Y.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belgium.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Jean Dupont</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Sirjacq</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>109-18-4519.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis County Coroner.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured thoracic aorta at an arteriosclerotic plaque, suffered while seated in a restaurant at the St. Louis Municipal Airport when he suddenly collapsed and fell to the floor.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural causes</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Airport</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Suffered heart attack and collapsed to the floor.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/24/55 1:40Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Ronald Willmann, Coroner</u> (Degree or title)				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>7/27/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		24b. DATE <u>7/26/1955.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>000 FELLOWS</u>		24d. LOCATION (City, town, or county) (State) <u>SHAMOKIN, New York.</u>			
DATE REC'D BY LOCAL REG. <u>7/26/55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons, #7233 Delmar Blv'd.m/</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

23

300  
48

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 *Clarence H. Murr*.....

Licensed Embalmer No. *46*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.