

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6392

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

State File No. \_\_\_\_\_

Registrar's No. **1883**

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 <b>Mo.</b> b. CITY OR TOWN <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 Wks</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>7 Wilshire Terrace</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>OSCAR</b> b. (Middle) <b>JACOB</b> c. (Last) <b>DUMONT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-21-1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-2-1886</b>
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper (Ret.)</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mascoutah Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Pe ter Dumont</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Stueckel</b>	
14. NAME OF HUSBAND OR WIFE <b>Augusta C Dumont</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H. J. DuMont 7 Wilshire Terrace</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bowel Obstruction</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Volvulus of small bowel</b> <b>10 days(?)</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute duodenal ulcer with hemorrhage</b> <b>4 days(?)</b>	
19a. DATE OF OPERATION <b>13 Feb 56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Volvulus of small bowel with early strangulation</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) <b>570.3</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>13 Feb, 1956</b> , to <b>21 Feb 56</b> , that I last saw the deceased alive on <b>20 Feb 56</b> , and that death occurred at <b>7:00 A. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Donald Deen M.D.</b>		23b. ADDRESS <b>1755 So Grand Blvd</b>	
23c. DATE SIGNED <b>2-21-56</b>		24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>Reburial</b>	
24b. DATE <b>2-23-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carl Smith No Parker Aldrich - Webster Groves Mo</b>	
DATE REC'D BY LOCAL REG. <b>FEB 23 1956</b>		REGISTRAR'S SIGNATURE <b>m 20</b> (Licensed Embalmer's Statement on Reverse Side)	

**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 *Neville B. Prohwitter*

Licensed Embalmer No.... *36* .....

P. O. Address *15 W. Lock* .....

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.