

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037724

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9617

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION // <u>Firmin Desloge Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>2209 2302 Howard St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Fabian John DeClue</u>		4. DATE OF DEATH Month Day Year <u>10 5 58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4/12/15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		11. BIRTHPLACE (City and state or country) <u>Old Mines, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John L. DeClue</u>		13b. MOTHER'S MAIDEN NAME <u>Dasie Pratt</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred DeClue</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>487-14-3420</u>	17. INFORMANT Address <u>Mrs. DeClue 2302 Howard St.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>Subdural Hemorrhage (small)</u> DUE TO (c) <u>E 825.9 33</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Suffered in accident in the</u>			19. WAS AUTOPSY PERFORMED? 1. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II, item 18.) <u>Victim of Red Bud Railroad, on September 23, 1958. Cause and manner of same could not be determined.</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>9:35</u> p.m. <u>58</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3rd Hwy near Red Bud, Ill</u>		
20e. CITY, TOWN OR LOCATION <u>near Red Bud, Ill</u>	20f. COUNTY STATE <u>9, 12 Ill</u>		
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <u>11:55 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John J. B.</u>		22b. ADDRESS <u>1306 Clark</u>	
22c. DATE SIGNED <u>10/9/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>OCT. 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Robert D. Kinealy, 2228 St. Louis Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 7 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>

BY AFFIDAVIT OF JUDICIAL DICTATOR 12-10-58
USE ONLY BLACK INK OR RIBBON; TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *V.E. Morrison*

Licensed Embalmer No. [#] 3360

P. O. Address *St. Louis*

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.