

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043408
STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 5431 Registrar's No. 37

DO NOT WRITE ON THIS STUB
AMENDED

FILED DEC 10 1963

VS 300
Rev. 4/59

0362

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair		Length of stay in 1b D. O. A.	c. CITY OR TOWN Florissant		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. East of St. Clair		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 1387 Waterford Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Rosalie Middle Michelle Last DuClos			4. DATE OF DEATH Month Dec. Day 7 Year 1963			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-43	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft	11. BIRTHPLACE (City and state or country) Milwaukee, Wisc.	12. CITIZEN OF WHAT COUNTRY U. S.		
13a. FATHER'S NAME Leo F. DuClos		13b. MOTHER'S MAIDEN NAME Jewell May		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address Leo F. DuClos, Ferguson, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) FRAGTURES OF SKULL AND						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CERICAL WOUND OR WIT						
DUE TO (c) CONCUSSION + LACERATION OF BRAIN					INSTANT.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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 of item 18.) SUBTLET FELL FROM BRIDGE OVERLOOKING				
20c. TIME OF INJURY Hour 4:00 Month, Day, Year 12/7/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) DELGORE FARM	20f. CITY, TOWN, OR LOCATION PRI ST. CLAIR	COUNTY FRANKLIN STATE MO.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at: 4:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>[Signature]</i>		(Degree or title)	22b. ADDRESS Union Mo		22c. DATE SIGNED 12/8/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-7-63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri			
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-Dec-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

USE BLACK INK OR TYPEWRITER RIBBON

201-111-200

St. Louis Missouri

Franklin

Florissant

D. C. A.

St. Clair

1387 Waterford Dr.

6 Mt. East of St. Clair

Dec. 7, 1953

Duclos

Michelle

Rosalie

20

10-15-43

White

Female

McDonnell Aircraft Milwaukee, Wis.

Secretary

Jewell May

Leo F. Duclos

Leo F. Duclos, Ferguson, Mo.

No

DEC 24 1953

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 Reinhold K. Lahrman

Licensed Embalmer No. 3395

P. O. Address Berkeley, Mo.

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.

St. Louis, Missouri

Calvary Cemetery

12-7-53

Removal

White-Mullen Mortuary, Ferguson, Mo.