

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 12 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis Mo** (No.), Sanitarium St. Ward)

37452

File No.
Registered No. **9418**

2. FULL NAME

Leopold Dubois
(a) Residence, No. **4973 Treason** St., **7** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **30** yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Ewing Dubois**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 18, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mirror Polisher**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Mirror Polisher**

10. Date deceased last worked at this occupation (month and year) **Jan 1, 1935** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Belgium**

13. NAME **Leopold Dubois sr.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Belgium**

15. MAIDEN NAME **Pauline Reumont**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Belgium**

17. INFORMANT (ADDRESS) **Dr. P. Hill 5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cathary** DATE **11-11**, 19**35**

19. UNDERTAKER (ADDRESS) **Arthur J. Donnell & Co 2840 Lindbergh Ave.**

20. FILED **NOV 10 1935** **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-11**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 31**, 19**35**, to **Nov 9**, 19**35**. I last saw h. **alive** on **11/9/35**, 19..... Death is said to have occurred on the date stated above, at **2:10 am**. The principal cause of death and related causes of importance were as follows:

Chc. Myocarditis prob. Oct 31
930
Other contributory causes of importance:
Proximal Coronary Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) **P. Hill**, M. D. (Address) **5400 Arsenal**

