

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

32792
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City ST LOUIS. (d) Street No. En route City Hospital #1 St. **8846**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ETHEL A. DUBOIS.
 (a) Residence, No. 518 PENDLETON St. **19**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF RAUL DUBOIS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 23, 1887
 7: AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEKEEPER
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GALION OHIO

FATHER 13. NAME WILLIAM GARBERICH.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GAION OHIO

MOTHER 15. MAIDEN NAME MAY SHERER.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GALION OHIO.

17. INFORMANT (ADDRESS) ROMONAH M. DUBOIS.
518 PENDLETON.

18. BURIAL, CREMATION, OR REMOVAL PLACE LAKE CHARLES. DATE 9-22 1937

19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS.
4259 HUNDELL BLVD.

20. FILED 9-22 1937 J. F. Bredeck
 Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18/37 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 6:07 A.M.
 The principal cause of death and related causes of importance were as follows:

Gelsemium and Veratrum Poison,
self administered at her home,
518 Pendleton Ave., on Sept. 18,
1937, at about 6:07 A.M.

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Suicide Date of injury 9/18/1937
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In Home.
 Manner of injury See Above
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Joseph M. Quinn M.D.
 (Address) Deputy Coroner

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.

Handwritten initials and date: 09/14/1937

Handwritten number: 23899

STATEMENT BY LICENSED EMBALMER

I, H. E. Burgess, Licensed Embalmer No. 3547
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed H. E. Burgess
Licensed Embalmer No. 3547

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.)

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. _____)

Registration District No. 791
Primary Registration District No. 1003

File No. 32792
Registered No. 8846
St. _____ Ward _____

2. FULL NAME Ethel A. Dubois

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 8 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/1 1937 J. F. Brubaker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

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) Joseph M. Dunne, M. D.

(Address) Dep. Coroner

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED BY LAW.

S-32792