C 20 1939

JAN 5 1940

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

Do not use this space.
44664

1. PLACE OF DEATH

County: Missouri, St. Louis
Registration District No.: 784
Township: Clayton
Primary Registration District No.: 111
City: Richmond Heights (No.: St. Marys Hospital St. Ward)

File No.:
Registered No.: 2242

2. FULL NAME Declue, Francis, Paschal

(a) Residence, No. St., Ward. Cadet, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-15-24

7. AGE: Years 15 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Old Mines Mo.

FATHER
13. NAME: Declue, Patrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Mines, Mo.

MOTHER
15. MAIDEN NAME: Maggie, Bayer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Mines Mo.

17. INFORMANT: P.E. Declue
(ADDRESS): Cadet, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old Mines, Mo. DATE: 12/21/39, 19

19. UNDERTAKER: Mr. Sparks
(ADDRESS): Potosi, Mo.

20. FILED: DEC 20 1939, 19 R. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec. 15~~, 1939, to ~~Dec. 19~~, 1939.
I last saw him alive on ~~Dec. 14~~, 1939. Death is said to have occurred on the date stated above, at 9:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~1st 2nd & 3rd Degree Burns covering approximately 75% of Body Surface~~	~~Dec 18 39~~
Accidental burns of the body caused by gasoline explosion while filling an auto truck with gasoline using a coal-oil lantern for illumination	12/17/3

Other contributory causes of importance:

First, second & third degree burns of whole body.

Name of operation: Date of:
What test confirmed diagnosis: physical signs Was autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury: 12.17/39
Where did injury occur? On Farm in Washington Co. Cadet, Mo. (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. On Family Farm Home
Manner of injury: Gasoline explosion
Nature of injury: Burns Burns of body

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify: Loading gasoline in tank
(Signed): John D. Connell, M. D.
(Address): Coroner of St. Louis County, Mo.

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.

B.C.