

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31218

State File No. _____
Registrar's No. _____

Registration District No. 305

Primary Registration District No. 6047

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Cuivre 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 51 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Charles
(c) City or town Wentzville 92
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Dubois
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 26 year 1946 hour 12:00 minute # _____ M. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 13 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 16 1946 to Sept 26 1946 and that I last saw him alive on Sept 26 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Cerebral
Crainnorrhage apoplexy Duration 11 days
Due to arterio-sclerosis 20 yrs
Due to _____

9. Birthplace St. Peters, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

11. Industry or business _____
12. Name Don't know 5
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace France
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Elizabeth Schlegler
(b) Address 815 N. Lamar St. Springfield, Mo.
17. (a) burial (b) Date thereof Sept 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Dr. H. S. Miller (M. D. Mo.)
Address 3414 N. Broadway Date signed 9/27/46

(c) Place: burial or cremation Wentzville, Mo.
18. (a) Signature of funeral director Wentzville, Mo.
(b) Address _____
19. (a) Sept 28 1946 (b) Mrs. Jessa Lewis
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30049

~~7-5-46~~
District File Number

District Health Officer No. 9,

RECEIVED

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed P. E. Pluian

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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 this body is not embalmed, fact should be so stated above.