

No. 2
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DEPARTMENT OF HEALTH
BUREAU OF THE GENERAL
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3393**
Registrar's No. **197**

Registration District No. **317** Primary Registration District No. **3069**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **7953 Park Drive**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Numa Duvoisin**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **191-26-2823**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **24** year **1947** hour **2** minute **45 P. M.**
21. I hereby certify that I attended the deceased from **1/10/47**, 19____, to **1/24/47**, 19____; that I last saw h. **in** alive on **1/24/47**, 19____; and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Marguerite** (c) Age of husband or wife if **David Duvoisin 6/30/10** alive **59** years
7. Birth date of deceased **Nov. 30, 1884**
(Month) (Day) (Year)

Immediate cause of death **Bronchogenic carcinoma** Duration **6 Mo.**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **CONFIRMED ABOVE**
Of autopsy **Confirmed diagnosis**

8. AGE: Years **62** Months **1** Days **14** If less than one day hr. _____ min. _____
9. Birthplace **Neuchatel, Switzerland**
(City, town, or county) (State or foreign country)
10. Usual occupation **Packer, Diedrich Bakery Co.**
11. Industry or business **bakers**

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **Constant Duvoisin**
13. Birthplace **Cernier, Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Robert**
15. Birthplace **Cernier, Switzerland**
(City, town, or county) (State or foreign country)
16. (a) Informant **Marguerite Duvoisin**
(b) Address **7953 Park Drive,**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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? _____

17. (a) **Burial** (b) Date thereof **1/27/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cemetery**
18. (a) Signature of funeral director **Robert J. Ambruster, Inc.**
(b) Address **Clayton Rd. at Concordia Lane**
19. (a) **1-27-47** (b) **Cuthbert**
(Date received local registrar) (Registrar's signature)

23. Signature **James L. Nudd** (M. D. Public)
Address **634 N. Grand Blvd.,** Date signed **1/25/47**

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

1981 APR 14

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.