

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18003

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 1153

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS CO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRENTWOOD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRENTWOOD</u>	
c. LENGTH OF STAY (in this place) <u>15 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>8708 ROSE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DESSERE</u> b. (Middle) <u>M</u> c. (Last) <u>NEIL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-8-1949</u>			
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5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-6-1916</u>	9. AGE (In years last birthday) <u>33</u>	if UNDER 1 YEAR Months <u>4</u>	if UNDER 1 YEAR Days <u>2</u>	if UNDER 1 HRS. Hours <u></u>	if UNDER 1 HRS. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSISSIPPI</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>JOHN DUKES</u>	13b. MOTHER'S MAIDEN NAME <u>ARDELLA BOYD</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>494-22-7676</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ArdeLLa Boyd Dukes</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mos -</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>940</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 17, 1948, to May 9, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Rusan, M.D.</u> (Degree or title)	23b. ADDRESS <u>243 E. Kirkwood - Walnut Grove, Mo.</u>	23c. DATE SIGNED <u>5-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-12-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5-11-49</u>	REGISTRAR'S SIGNATURE <u>ArdeLLa Boyd Boyd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Boyd</u> ADDRESS <u>3706 FINNEY</u>
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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 _____

Henry C Williams

Student Embalmer No. *306*

working under my personal supervision.

Henry C Williams
Student Embalmer

Signed *Edward A Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4548⁵ Paoli*

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.