No. 300
10-48

FILED SEP 15 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28107

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7589

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2019
d. STREET ADDRESS (If rural, give location): 6313 Alabama 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charles
b. (Middle): S.
c. (Last): Dabin

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 5 1950

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Dec. 30 1891
**9. AGE** (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Police Officer
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): St. Louis Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: John Dabin
**13b. MOTHER'S MAIDEN NAME**: Irene Chouquette
**14. NAME OF HUSBAND OR WIFE**: Christine Dabin

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Christine Dabin 6313 Alabama

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Aortic insufficiency (Rheumatic) — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 4/1/X

22. *I hereby certify that I attended the deceased from* Feb, 1947, *to* Sept 5, 1950, *that I last saw the deceased alive on* Sept 5, 1950, *and that death occurred at* 10:25 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): R. A. Nussbaum MD
**23b. ADDRESS**: 3701 Grandel Sq
**23c. DATE SIGNED**: Sept 7 1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial U
**24b. DATE**: 9-9-50
**24c. NAME OF CEMETERY OR CREMATORY**: S.S.Peter Paul Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis County

**DATE REC'D BY LOCAL REG.**: SEP 7 1950
**REGISTRAR'S SIGNATURE**: J. B. Fasater
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Wm. Schumacher 3013 Meramec St.

(Licensed Embalmer's Statement on Reverse Side)

## 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Francis Williamson

Signed _____
Student Embalmer

Licensed Embalmer No. 3565

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.