

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19086**

FILED MAY 17 1951

BIRTH NO. _____		REG. DIST. NO. <b>319</b>		PRIMARY REG. DIST. NO. <b>4469</b>		Registrar's No. <b>31</b>	
1. PLACE OF DEATH a. COUNTY <b>Ste. Genevieve</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ste. Genevieve</b>		c. LENGTH OF STAY (in this place) <b>82 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ste. Genevieve</b> <b>0951</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>398 North Third</b> <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Theodore</b>			b. (Middle) <b>W. Douglas</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1951</b>
5. SEX <b>Male</b> <b>0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 2, 1869</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph H. Douglas</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ella Murphy</b>		14. NAME OF HUSBAND OR WIFE <b>Zoe E. LaGrave</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Francis Douglas Ste. Genevieve, Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cardiac dilatation</b> <b>Parvane left foot</b> <b>Ch. Valvular Heart Disease</b> <b>Atherosclerosis</b> <b>General Enteric Sclerosis</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> <b>15 yrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>447X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 1949</b> to <b>May 9, 1951</b> , that I last saw the deceased alive on <b>May 8, 1951</b> , and that death occurred at <b>8:30 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. J. J. ...</b>				23b. ADDRESS <b>Ste. Genevieve Mo</b>		23c. DATE SIGNED <b>May 9 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 11, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ste. Genevieve, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>May 12-51</b>		REGISTRAR'S SIGNATURE <b>George M. Karl - Dep.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jerome J. ...</b>		ADDRESS <b>Genevieve, Mo.</b>	

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 15 1951

RECEIVED

NOV 16 1951

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 \_\_\_\_\_

*Jerome H. Leanta*

Signed .....

Student Embalmer

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, Missouri

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.