

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

State File No.

FILED MAY 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3068</u>		Registrar's No. <u>1255</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		d. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u>		e. OR TOWN <u>4534</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7326 Lyndover Place.</u>				d. STREET ADDRESS (If rural, give location) <u>7326 Lyndover Place.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>EUGENE</u>		c. (Last) <u>DAFRON.</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>May 10,</u>		<u>1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH		9. AGE (In years last birthday)	
				<u>Nov. 21, 1897</u>		<u>54</u>	
						10. MONTHS <u>5</u>	
						11. DATES <u>19</u>	
						12. HOURS <u></u>	
						13. MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturers' Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturers' Agent, Prairie Du Rocher, Illinois</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>/</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Albert Dapron</u>		13b. MOTHER'S MAIDEN NAME <u>Clairice Currat</u>		14. NAME OF HUSBAND OR WIFE <u>Alice M. Dapron</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-09-4176</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice M. Dapron, 7326 Lyndover Place</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Endocarditis</u>				<u>2 yrs.</u>	
		DUE TO (c) <u>Chr. Gastric Ulcers</u>				<u>3 yrs.</u>	
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>5400</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1950</u> to <u>5/10</u> , 1952, that I last saw the deceased alive on <u>5/5</u> , 1952, and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. P. ... M.D.</u>				23b. ADDRESS <u>2901 Big Bend Pl.</u>		23c. DATE SIGNED <u>5/12/52</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>5-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-12-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. R. Lupton & Sons; 7233 Delmar Blvd.,</u>			

SW (Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer No. _____

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.