

No. 3001
10-48

MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7290**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Francois</u> <u>Armington - Rural</u>		c. LENGTH OF STAY (If this place) <u>2 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> <u>St. Skewop</u>		4693
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 4</u>			d. STREET ADDRESS (If rural, give location) <u>219 E Washington</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Esther</u> b. (Middle) <u>O</u> c. (Last) <u>Du Bois</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1953</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 <u>May 17 - 1879</u>	9. AGE (In years last birthday)	10. MONTHS
				<u>73</u>	<u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chapman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Spring MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Milton N. DuBois</u>		13b. MOTHER'S MARDEN NAME <u>Martha Bernhardt</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret O Green</u>	
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. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Margaret DuBois 219 E Washington</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, athermia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION Records, State Hospital		INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 4 das.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>			DUE TO (b) <u>Senility.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS Psychosis with cerebral arteriosclerosis, and cellulitis of left leg for six weeks.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>			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)		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 <u>Jan 12, 1953</u> , to <u>Feb 28, 1953</u> , that I last saw the deceased alive on <u>Feb 28, 1953</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Dress or title) <u>Paul Brennan M.D.</u>			23b. ADDRESS <u>State Hospital No. 4, Farmington, MO</u>		23c. DATE SIGNED <u>3-1-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>Mar 1, 1953</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Louis R. Bopp Inc</u>		

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

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

Signed

Felix Durand

Licensed Embalmer No. *3034*

P. O. Address *W. Woodward 237*

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.