

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13339

No. 300

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3247

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>			c. LENGTH OF STAY (In this place) <u>4 Days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>20 2527 Newhouse</u>				22090			
3. NAME OF DECEASED (Type or Print) <u>DELOSS</u>			a. (First)		b. (Middle) <u>PAUL</u>		c. (Last) <u>DABBS</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9, 1954</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>JUNE 16, 1922</u>			
9. AGE (In years last birthday) <u>31</u>		10. SEX (In years last birthday)		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>McQuay-Norris</u>			11. BIRTHPLACE (City and State or Foreign Country) /			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Brice Dabbs</u>			13b. MOTHER'S MAIDEN NAME <u>Daisy Gossage</u>			14. NAME OF HUSBAND OR WIFE <u>Audrey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 2</u>			16. SOCIAL SECURITY NO. <u>NO.</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Audrey Dabbs, 2527 Newhouse, St. Louis, Mo.</u>			ADDRESS		
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute hemorrhagic pauci obitis</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) _____				4 da			
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 checked="" type="checkbox"/> NO <input 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) <u>587.0</u>						
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>-6-54</u> , 19 <u> </u> , to <u>4-9-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4-9-54</u> , 19 <u> </u> , and that death occurred at <u>11:30A m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degrees or title) <u>Merrett J. Jordan Payne MD</u>					23b. ADDRESS <u>1515 Lafayette Avenue</u>			23c. DATE SIGNED <u>4-10-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-11-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oxly</u>		24d. LOCATION (City, town, or county) (State) <u>Oxly, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>APR 12 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>McLUGHLIN Funeral Home, Inc.</u>			ADDRESS <u>2301 Lafayette, St. Louis 4, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *James R. Chapman*.....
Licensed Embalmer No.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.