No. 300
10.48

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

XC 288 17 30
Reg. 11612 SL 1786

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34706

BIRTH NO. FILED OCT 24 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8986

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N Grand St.Louis 6,Mo.
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Administration Hospital 22

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS 1481 Park (If rural, give location) 22-10

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) A.
c. (Last) DUFOUR

4. DATE OF DEATH (Month) (Day) (Year) 10-14-55

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/5/1900
9. AGE (In years last birthday) 54 yrs. 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) Shoe Cutter
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and State or Foreign Country) Haverhill, Mass.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wilford DuFour
13b. MOTHER'S MAIDEN NAME Rose Savenac
14. NAME OF HUSBAND OR WIFE Irene DuFour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 499-03-0853
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS ADDRESS

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) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CARCINOMA LEFT COLON — Unk.
DUE TO (c) - - - -

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

19a. DATE OF OPERATION - - - -
19b. MAJOR FINDINGS OF OPERATION - - - - 153X
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
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) V. A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* 10/11, 19 55, *to* 10/14, 1955, *and that death occurred at* 1:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph T. Kaminskas, M.D.
23b. ADDRESS VAH, St. Louis 6, Missouri
23c. DATE SIGNED 10-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE OCT-17-1955
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO

DATE REC'D BY LOCAL REG. OCT 15 1955
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutis ADDRESS 2906 Gravois

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. James C Dill

Licensed Embalmer No. 434

P. O. Address 2506 L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.