

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41964

State File No. ....

Registrar's No. 10892

No. 300  
10-48

FILED JAN 6 1956

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b>   |  | b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN<br><b>St. Louis, Mo.</b>   |  | c. CITY OR TOWN<br><b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Barnes Hospital</b>   |  | e. STREET ADDRESS (If rural, give location)<br><b>1632 Belt</b>   |  | 20670   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br><b>James</b>   |  | b. (Middle)<br><b>Eugene</b>  |  | c. (Last)<br><b>Dautel</b>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 10, 1955</b>   |  | 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  | 8. DATE OF BIRTH<br><b>July 18, 1891</b>  |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.<br><b>64</b>                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Guard</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Detective Agency</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Mo.</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |  | 13a. FATHER'S NAME<br><b>Charles Dautel</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Finnegan</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Caroline</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>493-20-6570</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Caroline Dautel, 1632 Belt Ave.</b>   |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><b>MEDICAL CERTIFICATION</b>  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>Pneumococcal Meningitis</b>  |  | ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Pneumococcal Pneumonia</b> |  | 4 days  |  |
| DUE TO (c)  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Diabetes Mellitus</b>   |  | 4 days  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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)<br><b>340.1</b>   |  |
| 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>Dec. 7, 1955</b> , to <b>Dec. 10, 1955</b> , that I last saw the deceased alive on <b>Dec. 10, 1955</b> , and that death occurred at <b>4:23Pm.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>Fred M. Williams, M.D.</b>   |  | 23b. ADDRESS<br><b>Barnes Hospital</b>  |  | 23c. DATE SIGNED<br><b>12/11/55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>12-13-55</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Matthews</b>   |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>  |  | DATE REC'D BY LOCAL REG.<br><b>DEC 12 1955</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. Cash Smith, MD</b>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Fred M. Williams</b>   |  | ADDRESS<br><b>4700 Washington Blvd</b>  |  |   |  |

(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ernest R. Caldwell*.....

Licensed Embalmer No. *407*.....

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.