

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046239

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12353 STATE FILE NUMBER

AMENDED

FILED JAN 11 1962

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                     |  | c. CITY OR TOWN <u>Saint Louis</u>  |  |
| Length of stay in 1b  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>6208 Rosebury Drive</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>6208 Rosebury Drive</u>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                       |  |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>T Randall DuBois</u> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Dec 29 1961</u> |  |  |
|---|--|--|--|--|--|

|                       |                                  |   |                                      |                                     |                                |                              |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><u>male</u> | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2/25/1888</u> | 9. AGE (last birthday)<br><u>73</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Chairman Applied Science Dept. So. Ill</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>U. Chestnut Hill Penn</u> | 11. BIRTHPLACE (City and state or country)<br><u>U. S. A.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u> |
|--|---|---|--|

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|---|---|---|
| 13a. FATHER'S NAME<br><u>George T. DuBois</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Randall</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Beatrice DuBois</u> |
|---|---|---|

|   |  |         |
|---|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 17. INFORMANT<br><u>Mrs. Beatrice DuBois 6208 Rosebury</u> | Address |
|---|--|---------|

|  |                        |                                  |
|--|------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                        | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>  |                        | <u>Sudden</u>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>4201</u> |                                  |
|  | DUE TO (c)             |                                  |

|   |  |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|--|

|   |  |  |                              |        |       |
|---|--|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|---|--|--|------------------------------|--------|-------|

|  |  |  |
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| 21. I attended the deceased from <u>8-25-60</u> to <u>12-29-61</u> and last saw <sup>first</sup> him alive on <u>12-27-61</u><br>Death occurred at <u>4:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |
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|  |   |                                     |
|--|---|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>[Signature]</u> | 22b. ADDRESS<br><u>35 No Central, Clayton, Mo</u> | 22c. DATE SIGNED<br><u>12-30-61</u> |
|--|---|-------------------------------------|

|  |                            |   |  |
|--|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 23b. DATE<br><u>1/2/62</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Bellefontaine Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Missouri</u> |
|--|----------------------------|---|--|

|   |                                    |   |   |
|---|------------------------------------|---|---|
| 24. FUNERAL DIRECTOR<br><u>C.R. Lupton and sons</u> | ADDRESS<br><u>7233 Delmar Blvd</u> | 25. DATE RECD. BY LOCAL REG.<br><u>JAN 2 1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |
|---|------------------------------------|---|---|

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

*(Signature)*

**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 Clarence A. Mu

Licensed Embalmer No. 4911  
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.