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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

35731
State File No. _____
Registrar's No. 10079

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1. Max C. Starkloff Mem.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oav
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1560 South Seventh Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JIMMIE LEE FRENCH
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 21, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 3 9 hr. _____ min.

9. Birthplace Sikeston, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER {
12. Name James V. French
13. Birthplace Pierce, Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Lucille McCoy
15. Birthplace Kennett, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rebecca Cathcart
(b) Address 1306 South 10th Street
17. (a) burial (b) Date thereof 11-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) Oct 31 1947 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Gastro Enteritis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 120A
Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
23. Signature Detrick E. ... (M. D. or other) 3
Address Way 6 Date signed 10/21/47

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

Coroner

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed C. H. Cooper

Licensed Embalmer No. 3830

P. O. Address 3301 Lafayette

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.