

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

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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
U.S. DEPARTMENT OF HEALTH  
MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1948

State File No. 31004  
Registrar's No. 7964

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Park Lane Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

3: (a) PRINT FULL NAME William A. French  
3: (b) If veteran, name war --- 3: (c) Social Security No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased April 19, 1884 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Sup-Car Dept.

11. Industry or business L & N R.R.

12. Name Joseph French

13. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Sarah Stader

15. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Sophia French (b) Address 1236 Central Ave., Louisville, Ky.

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation Louisville, Kentucky

18. (a) Signature of funeral director Wacker-Weldert (b) Address 3634 Gravois Ave.

19. (a) Sep 10 1948 (b) J. F. French (Registrar's signature) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County 999  
(c) City or town Louisville (If outside city or town limits, write "RURAL")  
(d) Street No. 1236 Central Ave. 2 (If rural, give location)  
(e) Citizen of foreign country? N.R. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 10 year 1948 hour 11 minute 35 a.m.  
21. I hereby certify that I attended the deceased from 9-5-48, 1948, to 9-10, 1948; that I last saw him alive on 9-10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Multiple cerebral hemorrhage  
Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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?

23. Signature J. F. French (M.D. or other) Address 4932 Linden Blvd. Date signed 9-10-48 (Specify type of place) (c) Means of injury

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

**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 Delbert J. Kriespin  
Licensed Embalmer No. 3497  
P. O. Address 3634 Gravois

**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.**