

FILED JUL 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 20987

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5195

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Louisiana b. COUNTY 999	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe	
c. LENGTH OF STAY (In this place) 2 wks		d. FULL NAME OF HOSPITAL OR INSTITUTION MO Pacific Hospital.	
3. NAME OF DECEASED (Type or Print) a. (First) AIMEE b. (Middle) OUIDA c. (Last) ETIE		e. DATE OF DEATH (Month) (Day) (Year) 4/26 26 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH apr 26 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Road	10b. KIND OF BUSINESS OR INDUSTRY MO-Pac.	9. AGE (In years last birthday) 59.	11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME Kathal Etie	13b. MOTHER'S MAIDEN NAME Anneauganette	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS monnie marks 598 Catalina Drive Shreveport La.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary of blood (b) with infarction		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 1946	19b. MAJOR FINDINGS OF OPERATION Radical mastectomy (left) for Carcinoma		20. AUTOPSY? 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) 50	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X	
22. I hereby certify that I attended the deceased from 4/28, 1949 to 6/26, 1949, that I last saw the deceased alive on 6/26, 1949 and that death occurred at 3:00 PM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas J. Zetynat, M.D. 0		23b. ADDRESS 1755 S. Grand, St. Louis Mo	23c. DATE SIGNED 6/26/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Monroe Louisiana
DATE REC'D BY LOCAL REG. JUN 26 1949	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 So. Grand	

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

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
Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4342

P. O. Address 6322 St Grand

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.