S. No. 300
V. 10.48

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

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24443

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5670

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo
c. LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vineland 0500
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): T
c. (Last): Courtois

4. DATE OF DEATH (Month) (Day) (Year): 6-19-51

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: May 9, 1871

9. AGE (In years last birthday): 80
If under 1 year: Months 1 Days 10
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Washington Co. Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Sarah Courtois

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: Joseph N. Courtois
ADDRESS: Crystal City Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: ___

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tertiary syphillis — INTERVAL BETWEEN ONSET AND DEATH: ___
DUE TO (c) ___ — INTERVAL BETWEEN ONSET AND DEATH: ___

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia

19a. DATE OF OPERATION: 6/16/51

19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hyperplasis

20. AUTOPSY? YES ☐ NO ☒

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): ___

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ___

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 026X

22. *I hereby certify that I attended the deceased from* 6-5, 1951, *to* 6-19, 1951, *that I last saw the deceased alive on* 6-19, 1951, *and that death occurred at* 2:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: F R Madden 0 (Degree or title): M.D.

23b. ADDRESS: BARNES HOSPITAL

23c. DATE SIGNED: 6/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11

24b. DATE: June 22, 1951

24c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery

24d. LOCATION (City, town, or county) (State): Crystal City, Mo

DATE REC'D BY LOCAL REG.: JUN 23 1951

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE: Gentry P. Politte

ADDRESS: Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

5670

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.

Signed Elenan Lovince

Signed _____
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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.