

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32096**

FILED OCT 13 1951

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 0669 Registrar's No. 3327

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston 0672	
c. LENGTH OF STAY (in this place) 3 d.		d. STREET ADDRESS (If rural, give location) 510 So. Main St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Florence	b. (Middle) Lucille	c. (Last) Dernoncourt	(Month) Oct.	(Day) 3	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 3, 1925	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Wilbur Christopher		13b. MOTHER'S MAIDEN NAME Florence Sanguinet		14. NAME OF HUSBAND OR WIFE John	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Dr. John Dernoncourt, Charleston, Mo. ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pancreatitis					7 wks
*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.		Cholecystitis & stones 5870			?

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION As above.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 9/29/51 , 19____, to 10/3/51 , 19____, that I last saw the deceased alive on 10/3/51 , 19____, and that death occurred at 3:50pm. , from the causes and on the date stated above.					

23a. SIGNATURE Paul Sauer (Degree or title) MD		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 10/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-4-51		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) Charleston, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.			
DATE REC'D BY LOCAL REG. 10-4-51		REGISTRAR'S SIGNATURE Robert R. Jonke, MD			

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

John J. Haines

Licensed Embalmer No. *4108*

P. O. Address *St Louis MO*

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.