

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30704

State File No. ....

FILED AUG 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>22339</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Bellefontaine Neighbors</u> )		c. LENGTH OF STAY (in this place) <u>14 Months</u>		c. CITY OR TOWN <u>Bellefontaine Neighbors</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1213 Kilgore</u>				e. STREET ADDRESS (If rural, give location) <u>1213 Kilgore 4020</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS A.</u> b. (Middle) <u>VERHAEGHE</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>August 14th, 1953</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>January 8th, 1907</u>	
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>car repairer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MKT Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Verhaeghe</u>			13b. MOTHER'S MAIDEN NAME <u>Zenobie Depootor</u>			14. NAME OF HUSBAND OR WIFE <u>Violet Verhaeghe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II 37-409-381</u>			16. SOCIAL SECURITY NO. <u>702-10-0945</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Voilet Verhaeghe, 1213 Kilgore</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung, left, Metastatic</u>  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. <u>Malnutrition</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 mos.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan. 26, 1953</u> , to <u>Aug. 14, 1953</u> , that I last saw the deceased alive on <u>Aug. 14, 1953</u> , and that death occurred at <u>7:20 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Norman A. James M.D.</u>				23b. ADDRESS <u>9903 Diamond Dr. (15)</u>		23c. DATE SIGNED <u>8-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 17th, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-15-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dwyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Diedrich Funeral Home, 8319 Hallsferry</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 4780

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.