

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1954

State File No. 2780
Registrar's No. 0406

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Alton		b. COUNTY Madison 2120	
c. LENGTH OF STAY (in this place) 1 Mo. 3 Days		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 BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 2304 1/2 - E. Broadway			

3. NAME OF DECEASED (Type or Print) LOUELLA	a. (First)	b. (Middle) MAE	c. (Last) FRENCH	4. DATE OF DEATH (Month) (Day) (Year) January 13, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 11, 1921	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Harrisburg, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Otis Stout	13b. MOTHER'S MAIDEN NAME Eathel Gale Dorris	14. NAME OF HUSBAND OR WIFE Leroy French
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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. 326-14-2070	17. INFORMANT'S SIGNATURE OR NAME Leroy French	ADDRESS 2304 1/2 - E. Broadway, Alton, Ill.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH Terminal
	ANTECEDENT CAUSES DUE TO (b) Auricular fibrillation		Unknown
	DUE TO (c) Chronic rheumatic endocarditis of the mitral, tricuspid and aortic valves.		12 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 410X
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22. I hereby certify that I attended the deceased from 12-10-, 1953, to 1-13-, 1954, that I last saw the deceased alive on 1-13-, 1954, and that death occurred at 7:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>H. Bradley</i>	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 16, 1954	24c. NAME OF CEMETERY OR CREMATORY. Vainalla Memorial Park Cemetery.	24d. LOCATION (City, town, or county) (State) Godfrey Twp. Madison, Co. Ill.
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DATE REC'D BY LOCAL REG. JAN 15 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert H. Stroppe</i>	ADDRESS Alton, Ill.
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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 em

by me, or ~~by~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert H. Streepel*

Licensed Embalmer No. *24*

P. O. Address..... *Alton, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.