

## STANDARD CERTIFICATE OF DEATH

32660

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2006

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |   |
| b. CITY OR TOWN <u>Beverly Hills</u>  | c. LENGTH OF STAY (In this place) <u>2-mon.</u> | c. CITY OR TOWN <u>St. Louis</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>6825 Webster Bridge Road<br/>Mother of Good Counsel Home</u> |   | e. STREET ADDRESS (If rural, give location) <u>5926 McPherson Ave. 2059</u>  |   |

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|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Marie</u><br>b. (Middle) <u>B.</u><br>c. (Last) <u>Gignoux</u> | 4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>17</u> (Year) <u>1954</u> |  |  |  |
| 5. SEX <u>F.</u>  | 6. COLOR OR RACE <u>W.</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>         | 8. DATE OF BIRTH <u>June 6, 1871</u>     | 9. AGE (In years) <u>83</u> (If under 1 year, specify Month) <u>2</u> (If under 12 months, specify Day) <u>11</u> (If under 24 hours, specify Hour) _____ (Min.) _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u>     | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>                       | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |  |

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|--|---|--|
| 13a. FATHER'S NAME <u>Alexis J. Gignoux</u>  | 13b. MOTHER'S MAIDEN NAME <u>Martha Lawless</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u>             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John R. O'Neill, 5926 McPherson Ave.</u> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>   |  | <u>12 hours</u>                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cardiac failure</u><br>DUE TO (c) <u>Hypertensive Cardiovascular Disease</u> |  | <u>30 days</u>                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

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| 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) <u>443X</u>                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____   |

22. I hereby certify that I attended the deceased from 17 Aug, 1954, to 17 Aug, 1954, that I last saw the deceased alive on 17 Aug, 1954, and that death occurred at 9:35 P.M. from the causes and on the date stated above.

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|---|---|--|
| 23a. SIGNATURE (Degree or title) <u>Joseph A. Roy, M.D.</u>         | 23b. ADDRESS <u>3720 Washington Blvd.</u> | 23c. DATE SIGNED <u>19 Aug 54</u>                          |
| 24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Removal</u>           | 24b. DATE <u>Aug 20, 1954</u>             | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |   |  |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>9/19/54</u> | REGISTRAR'S SIGNATURE <u>Heather L. Sambethur</u> | 5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donnelly 3840 Lindell B lvd.</u> |
|---|---|---|

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

1030 - 2000

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed *Francis Williams*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Lind*.....

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