

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17299

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1237</u>				
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY OR TOWN Glendale		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 1305 W. Lockwood				STREET ADDRESS (If rural, give location) 1305 W. Lockwood						
3. NAME OF DECEASED (Type or Print)		a. (First) LEO		b. (Middle) S		c. (Last) RASSIEUR.		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 1 1870		9. AGE (In years last birthday) 84		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY LEGAL		11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri.		12. COUNTRY OF WHAT CITIZENRY? USA				
13a. FATHER'S NAME Theodore Rassieur			13b. MOTHER'S MAIDEN NAME Pauline Unknown			14. NAME OF HUSBAND OR WIFE Laura Stockhoff Rassieur.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. (If yes, give war or date of service) None		17. INFORMANT'S SIGNATURE OR NAME Charles D. Long - 4 Wendover Lane.					ADDRESS	
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myotropic Lateral Sclerosis Coronary Sclerosis ANCECEDENT 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. Assting						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3561						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) m.		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>1/95</u> , 19 <u>55</u> , to <u>5/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/3/95</u> , 19 <u>55</u> , and that death occurred at <u>5:45 A.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) C. C. Lupton M.D.				23b. ADDRESS 1504 S. Grand			23c. DATE SIGNED 5/31/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE June 1st/55		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.				
DATE REC'D BY LOCAL REG. 5/31/55		REGISTRAR'S SIGNATURE Herbert G. Douke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons; 7233 Delmar Blvd.,						

(Licensed Embalmer's Statement on Reverse Side)

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

J. B. Snow
1325 S. Grand
PR-17600

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 Clarence H. Murray

Licensed Embalmer No. 40

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.