

19385

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Verdon</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>Verdon</u>)	c. LENGTH OF STAY (If in this place) <u>2701</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Resident 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>State Hospital # 3</u>		e. STREET ADDRESS (If rural, give location) <u>1735 Elliott</u>	
3. NAME OF DECEASED a. (First) <u>Lester</u> b. (Middle) <u>French</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 7, 1902</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (In years, months, days) <u>53</u> <u>9</u> <u>15</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Irondale Missouri</u>
13a. FATHER'S NAME <u>Amster French</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Palitte</u>	14. NAME OF HUSBAND OR WIFE _____
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 AND ADDRESS <u>Pearl O'Brien (Sis) 1735 Elliott St. Louis, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, Pul. Acute</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		002X	
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>March 1, 1956</u> to <u>May 22, 1956</u> that I last saw the deceased alive on <u>May 21, 1956</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.C. Bradshaw M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Hospital #3, Nevada Mo</u>	23c. DATE SIGNED <u>5-22-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>House Springs Mo</u>
DATE REC'D BY LOCAL REG. <u>5-24-1956</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Days Funeral Service, Inc. Nevada, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *2076*.....

P. O. Address *Florida*.....

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.