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FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44952

BIRTH NO.		REG. DIST. NO. 312	PRIMARY REG. DIST. NO. 500	Registrar's No. 2971
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 township) OR TOWN <u>Koch</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>	d. CITY OR TOWN <u>St. Louis 590</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>Robert Koch Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5109 Maple</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmie</u> b. (Middle) <u>Lee</u> c. (Last) <u>FRENCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 13, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-22-00</u>	9. AGE (In years last birthday) <u>56</u> if UNDER 1 YEAR: Months <u>6</u> Days <u>21</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Butchering</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Will French</u>		13b. MOTHER'S M maiden NAME <u>Luddie Womack</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL Fields</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>484-10-5241</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL Record - Koch #10</u> ADDRESS <u></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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VENTRICULAR TACHYCARDIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post. operative condition - RIGHT PNEUMONECTOMY</u> DUE TO (c) <u>1049 Abscess</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 MONTHS</u>
19a. DATE OF OPERATION <u>12/10/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Abscess right lower lobe</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>Nov 23, 1956</u> , to <u>Dec 13, 1956</u> , that I last saw the deceased alive on <u>Dec 13, 1956</u> , and that death occurred at <u>9:20 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Bernard Friedman M.D.</u>		23b. ADDRESS <u>Koch Hosp. Koch, Mo.</u>		23c. DATE SIGNED <u>12-13-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/20/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>
24d. LOCATION (City, town, or county) (State) <u>St Louis Co MO.</u>				
DATE REC'D BY LOCAL REG. <u>12-16-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. Wade GRANBERRY 4202 FINNEY</u>

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

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 *Michael E. Green*

Licensed Embalmer No. *442*

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.