

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6193

FILED MAR 1 1957

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STATE FILE NUMBER 1187

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 38 Route City Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN 43260 University City d. STREET ADDRESS 6535 Bartmer (If outside, give location)	
Length of stay in lb DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First James Middle W. Last French			4. DATE OF DEATH Month Feb. Day 4, Year 1957		
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1887	9. AGE (In years last birthday) 69	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Mechanic
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Novelty Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	13. FATHER'S NAME J.B. French
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mary Ethel French, 6535 Bartmer Ave.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis (Coronary thrombosis) DUE TO (b) Hypertension (Hypertension) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1		
20c. TIME OF INJURY Hour Month, Day, Year 'a. m.' p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home - 1956		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from May 1956 to Feb 1957 and last saw her alive on 10 days 1957 Death occurred at 7:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) T.H. Haba		22b. ADDRESS 4903 Delmar		22c. DATE SIGNED 2/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-7-57	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		23d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. FEB 5 '57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard instruments and record diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Name of Deceased
 Date of Death
 Place of Death
 Name of Embalmer
 Address of Embalmer
 City, State, and Zip
 License No. of Embalmer
 Date of License
 Signature of Embalmer
 Printed Name of Embalmer

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 *Eleonora R. Ramirez*
 Licensed Embalmer No. *42*
 P. O. Address *St. Louis*

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.