

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

58-027370
STATE FILE NUMBER
6506

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6938 Oleatha		Length of stay in 1b	STREET ADDRESS (If outside, give location) 6938 Oleatha
3. NAME OF DECEASED (Type or print) First Middle Last James A Renaud			4. DATE OF DEATH Month Day Year June 27 1958
5. SEX Male	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 Nov. 21, 1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Ret. 2 yrs		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10. CITIZEN OF WHAT COUNTRY? U.S.A.
11a. FATHER'S NAME John Renaud		11b. MOTHER'S MAIDEN NAME Elizabeth Empfield	11. NAME OF HUSBAND OR WIFE Mary Elsie Renaud
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		12. SOCIAL SECURITY NO. 495-24-0029	12. INFORMANT Address Mary Elsie Renaud 6938 Oleatha
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			334x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			13. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
14a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		14b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
14c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
14d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		14e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
14f. CITY, TOWN, OR LOCATION		14g. COUNTY STATE	
15. I attended the deceased from 20 July 1958 to 17 June 58 and last saw him alive on 17 June 58 Death occurred at 6:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
15a. SIGNATURE E. A. Burkholder, M.D. (Degree or title)		15b. ADDRESS 958 Grand Blvd., St. Louis, Mo.	
15c. DATE SIGNED 28 June 58			
16a. BURIAL, CREMATION, REMOVAL (Specify) Removal		16b. DATE 6-30-58	
16c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		16d. LOCATION (City, town, or county) (Specify) St. Louis, County Mo.	
17. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		17. DATE RECD. BY LOCAL REG. JUN 28 '58	
17. REGISTRAR'S SIGNATURE J. Earl Smithing			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

Circled Body - Oct 1977

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 *Richard W. Storrans*

.....; Licensed Embalmer No. 4007

P. O. Address

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.