

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-038511

STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 4228 Registrar's No. 21

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 8 1962

1. PLACE OF DEATH
 a. COUNTY Howard
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glasgow Length of stay in 1b 5 mo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Market St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3964 St. Ferdinand St. Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Joseph FRANCIS Saucier Nov. 1, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Jan 25, 1890 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus operator 10b. KIND OF BUSINESS OR INDUSTRY Public Service Co. Florissant Mo. 11. BIRTHPLACE (City and state or country) U. S. A. 12. CITIZEN OF WHAT COUNTRY _____

13a. FATHER'S NAME Joseph Saucier 13b. MOTHER'S MAIDEN NAME Elizabeth Peltier 14. NAME OF HUSBAND OR WIFE Mary Agnes (Parker) Saucier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. not available 17. INFORMANT Mrs Charles Lamb Glasgow Mo Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH Scrubbed Out
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 11-1-62 to 11-1-62 and last saw him alive on 11-1-62
 Death occurred at 6:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Gardner MD (Degree or title) 22b. ADDRESS Glasgow MO 22c. DATE SIGNED 11-2-62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal 23b. DATE Nov. 3, 1962 23c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Florissant Mo 23d. LOCATION (City, town, or county) (State) _____

24. FUNERAL DIRECTOR Triumph Funeral Service Glasgow Mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. Nov. 2, 1962 26. REGISTRAR'S SIGNATURE Walker Audsley

VS 300 Rev. 4/59
 1 0450
 2 2119
 3 2
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 16 1962

NOV 3 1962

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 *E. J. Freimuth*

Licensed Embalmer No. 3978

P. O. Address Glasgow, Mo.

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.