

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

22183

1. PLACE OF DEATH

County Jefferson  
Township Joachim  
City Herculaneum (No. ....)

Registration District No. 421  
Primary Registration District No. 5375

File No. ....  
Registered No. 65  
St. .... Ward)

2. FULL NAME France London

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. London

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3., 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
64 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Ste Genevieve  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Francis LaRose  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste. Genevieve  
(STATE OR COUNTRY) Missouri  
12. MAIDEN NAME OF MOTHER Mary Thomure  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste Genevieve  
(STATE OR COUNTRY) Missouri

14. INFORMANT Miss Doris London  
(Address) Herculaneum Mo.

15. FILED 6/20/38 J. E. Rutledge M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1938

17. I HEREBY CERTIFY, that I attended deceased from June 18 1938 to June 18 1938 and that I last saw him alive on June 18 1938 at death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Diabetes 5.9  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. O. C. Hendley, M. D.  
June 20, 1938 (Address) Herculaneum MO

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Doe Run Missouri June 20, 1938

20. UNDERTAKER ADDRESS  
385 Quester and Vinyard. Restus Mo.

