

FILED JUN 19 1943 318

State File No. _____
 Registrar's No. **5283**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. 20 days
30 years French (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 713 So. Jefferson
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thurston French

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 4,
 year 1943 hour 1 minute 45 P. M.

3. (b) If veteran, name war na 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from March 15, 1943 to June 4, 1943;
 that I last saw him alive on June 4, 1943;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race 2 cc. c.
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Dead
Mar. Regnier French
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased April 22, 1886
(Month) (Day) (Year)

Immediate cause of death
Glomerulonephritis, Chronic
Uremia

Duration
Unk.
2 wks.

8. AGE: Years Months Days If less than one day
57 1 12 hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Meach, Mo. 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
1st

10. Usual occupation Laborer

PHYSICIAN

11. Industry or business _____

Major findings:
 Of operations _____

12. Name John French

Of autopsy _____

13. Birthplace Meach, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Regnier Shaffer

15. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur J. French

(b) Address 4444 Kennedy

17. (a) Burial (b) Date thereof June 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Arthur J. French

(b) Address 4247 Whitehall Ave.

19. (a) JUN 9 1943 J. P. Budeck
(Date received local registrar's certificate) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____
(Specify type of place) (e) Means of injury 0

23. Signature C. R. Gray (M. D. or other) _____

Address 2601 Whitehall Ave. Date signed 6/7/43

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

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joel Russell

Licensed Embalmer No. *4112*

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 this body is not embalmed, fact should be so stated above.