

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15988

State File No.

960

Registrar's No.

FILED MAY 8 1947

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 4-24-47  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110  
(c) City or town Cadet 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1, Box 153A 6  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1947 hour 1:45 minute P. M.  
21. I hereby certify that I attended the deceased from 4-24-47 19, to 4-27-47 19;  
that I last saw him in alive on 4-27-47 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIOSCLEROSIS, WITH MYO-CARDIAL DAMAGE AND FAILURE.

Duration

UNK.

Due to \_\_\_\_\_  
Due to 946

Other conditions NONE.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no  
(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

3. (a) PRINT FULL NAME

SANSOUCIE, Joseph

3. (b) If veteran, name war World War I

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida Sansoucic

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 3 1896  
(Month) (Day) (Year)

8. AGE:

Years 50 Months 10 Days 24

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Old Mines, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Veterans Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 4-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines, Mo.

18. (a) Signature of funeral director Mothershead Funeral Home

(b) Address Desoto, Missouri

19. (a) 5-1-47 (b) Leona J. Shapp  
(Date received local registrar) (Registrar's signature)

Signature L. E. Silver (M. D. or other)  
Address Vet. Adm. Hosp., Jeff. Bks., MO Date signed 4-28-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Lee Motherhead* .....

Licensed Embalmer No. *3531* .....

P. O. Address *Dato m* .....

**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.**