

S. No. 300
FORM—10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 25 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 10624

Registrar's No. 2639

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

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:
St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Dianna Sansoucie

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: October 31 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 4 12 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER, FATHER { 12. Name Wilford Sansoucie

13. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marie Bunia

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

16. (a) Informant Wilford Sansoucie

(b) Address 215a Lami Street.

17. (a) Burial (b) Date thereof 3/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 16 1948 J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ C. O. O

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 215a Lami Street. 9
(If rural, give location)

(e) Citizen of foreign country? 23 (Yes or No) O
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 9:15 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral atelectasis Pneumonia
Hypertrophic Thymus.

Due to _____

Due to _____ L.H.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of 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) _____

(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) (Means of injury)

23. Signature Patrick E. Taylor (M.D. or other) 3
Address Deputy Coroner Date signed 3/14/48

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.....

Ernest W. Spillars

Licensed Embalmer No.....

4080

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.