

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6180**
1075

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____								
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE* (Where deceased lived. If institution: residence before admission.) a. STATE Missouri				b. COUNTY Jefferson Co.						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City		30 1 1								
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) _____				1 1						
3. NAME OF DECEASED (Type or Print)			a. (First) John			b. (Middle) G.			c. (Last) French			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov-1-1908		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Perry Co., Mo.				12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME Timon French				13b. MOTHER'S MAIDEN NAME Ada O'Mary				14. NAME OF HUSBAND OR WIFE Dorothy						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Meredith French Crystal City, Mo.								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1st								INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____										
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 p.m. , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 2-4-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-4-49		24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) (State) Crystal City, Missouri						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 4 1949		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gentry R. Politte Crystal City, Mo.								

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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.

Signed _____

Georg C. Polittle

Signed _____

Student Embalmer

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, 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 this body is not embalmed, fact should be so stated above.