

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6882

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
c. LENGTH OF STAY (in this place) 15 days		d. STREET ADDRESS (If rural, give location) 7553 Parkdale	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Yvonne	b. (Middle) H	c. (Last) France	4. DATE OF DEATH (Month) (Day) (Year) 2 19 1949
---	----------------------	-------------------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 6-19-1936	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR 8 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
----------------------	-------------------------------	--	-----------------------------------	---	-------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	---

13a. FATHER'S NAME Karl France	13b. MOTHER'S MAIDEN NAME Hope Careaga	14. NAME OF HUSBAND OR WIFE none
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME St. Louis County Hospital Records	ADDRESS
--	-------------------------	--	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEPT X		
	DUE TO (c) pericardial effusion chronic glomerulo nephritis subacute glomerulo nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------	----------------------------------	--

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) (m.)	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 **Feb. 6, 1949**, to **Feb. 19, 1949**, that I last saw the deceased alive on **Feb. 19, 1949**, and that death occurred at **3:40 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Coffey, M.D.	23b. ADDRESS 6615 Brentwood, Clayton	23c. DATE SIGNED 2-19-49
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/22/49	24c. NAME OF CEMETERY OR CREMATORY CALVARY, C. EMERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 2-21-49	REGISTRAR'S SIGNATURE Therese L...	25. FUNERAL DIRECTOR'S SIGNATURE Collins Funeral Home	ADDRESS 10123 St. Charles Rd.
---	---	--	--------------------------------------

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

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.

Student
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.