No. 300
10-48

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FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20022

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crystal City
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓ 730 Miss. Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crystal City
d. STREET ADDRESS (If rural, give location): 730 Mississippi Ave.

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3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) L. c. (Last) Lalumondier

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3, 1884
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 10, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired glass worker
10b. KIND OF BUSINESS OR INDUSTRY: Pittsburgh Plate Glass
11. BIRTHPLACE (State or foreign country): Bloomsdale, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Don Lalumondier
13b. MOTHER'S MAIDEN NAME: Antoinette Calliot
14. NAME OF HUSBAND OR WIFE: Blanche

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: Mrs. Aug. Lalumondier — ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchial Asthma + — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES: Chronic Myocarditis

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 19, 1949, *to* April 21, 1949, *that I last saw the deceased alive on* April 21, 1949, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Rammerford MD
23b. ADDRESS: Crystal City Mo
23c. DATE SIGNED: 4/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 25, 49
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Crystal City, Mo.

DATE REC'D BY LOCAL REG.: April 23 1949
REGISTRAR'S SIGNATURE: Clara Belleville 142
25. FUNERAL DIRECTOR'S SIGNATURE: Gentry R. Polette — ADDRESS: Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number JUN 15 1949
Date Filed

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. 245, working under my personal supervision.

Signed _____
Student Embalmer

Signed Gentry R. Politte
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.