

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

COPY 10148

State File No. 2239

No. 300

10-48

BIRTH NO. 108099		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2239			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 19- 3840 Washington					
3. NAME OF DECEASED (Type or Print) a. (First) Julia			b. (Middle) Beurepaire		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) February 2, 1950									
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec. 30th - 1871			
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ret</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Shiloh Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME C. Jacob Lambert			13b. MOTHER'S MAIDEN NAME Catherine Thomas		14. NAME OF HUSBAND OR WIFE Eugene				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Lambert Jr of Fallou Ill					
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) Cerebrovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						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) 331X					
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 2/2/50 19, to 2/5/50 19, that I last saw the deceased alive on 2/5/50 19, and that death occurred at 11:10 PM., from the causes and on the date stated above.									
23a. SIGNATURE (Describe or title) <i>Edward Hendrix M.D.</i>				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 2/5/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-8-50		24c. NAME OF CEMETERY OR CREMATORY Shiloh Cem		24d. LOCATION (City, town, or county) (State) Shiloh Ill			
DATE REC'D BY LOCAL REG. <i>WAR 8</i>		REGISTRAR'S SIGNATURE <i>J B Sasata</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

6876

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.

Student Embalmer No.

Signed

Van M. Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St. Louis 10 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.