

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18951

State File No.

FILED JUN 13 1950

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1346</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>				c. LENGTH OF STAY (in this place) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6229 Vetter Place</u>				e. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>			
f. STREET ADDRESS (If rural, give location) <u>6229 Vetter Place</u>				g. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle) <u>M</u>		c. (Last) <u>DeGrande</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 20 1861</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Alfred DeGrande</u>			13b. MOTHER'S MAIDEN NAME <u>Angarce Roubidoux</u>			14. NAME OF HUSBAND OR WIFE <u>Hannah DeGrande Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>NO</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed. DeGrande Sr. 6229 Vetter Place</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diminished cardiac output - Atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis - Angina Pectoris</u> DUE TO (c) <u>Extreme Anxiety</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>H20.2</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9:00 P.M.</u>		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 <u>9 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert B. Jennings</u>				23b. ADDRESS <u>3734 Jennings Rd.</u>		23c. DATE SIGNED <u>5-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-26-50</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>		ADDRESS <u>1125 Hodiament Ave</u>	

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

Dr. Luke B. Pierson

8734 Jennings Road

Ev 1968

Fri 1 to 7 P.M.

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

Elmer R. Padwell

..... Licensed Embalmer No. *4077*

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.