

No. 300
10-48

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Reg.# 91104

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3391

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 111

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**

b. CITY OR TOWN **JEFF. BRKS. MO.**

c. LENGTH OF STAY (in this place) **1 day**

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETS ADMIN HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **ILLINOIS**

b. COUNTY **MADISON**

c. CITY OR TOWN **New Douglas**

d. STREET ADDRESS **R.R.#1**

3. NAME OF DECEASED (Type or Print)

a. (First) **LOUIS**

b. (Middle) **RALPH**

c. (Last) **L' HOMMEDIEU**

4. DATE OF DEATH (Month) (Day) (Year) **1-11-51**

5. SEX **M**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **7-8-81**

9. AGE (In years last birthday) **69**

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) **Cincinnati, Ohio**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Louis L'Hommedieu**

13b. MOTHER'S MAIDEN NAME **Stella Edwards**

14. NAME OF HUSBAND OR WIFE **Oral L'Hommedieu**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) **Yes**

16. SOCIAL SECURITY NO. **SPAW UNKNOWN**

17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS, JEFF. BRKS. MO.**

ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **MYOCARDIAL INFARCT**

INTERVAL BETWEEN ONSET AND DEATH **3 days**

ANECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **CORONARY SCIEROSIS** **UNKNOWN**

DUE TO (c) **GENERALIZED ARTERIOSCLEROSIS** **UNKNOWN**

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? 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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 **1-10-51**, 19**51**, to **1-11-51**, 19**51**, and that death occurred at **9:55A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]**

23b. ADDRESS **VA HOSPITAL, JEFF. BRKS. MO.**

23c. DATE SIGNED **1-11-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **1-15-51**

24c. NAME OF CEMETERY OR CREMATORY **NATIONAL CEMETERY**

24d. LOCATION (City, town, or county) (State) **JEFF. BRKS. MO.**

DATE REC'D BY LOCAL REG. **1-13-51**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE **C. HOFFMEISTER**

ADDRESS **U&L COMAPNY, St. Louis, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

Harry J. Schumacher

Licensee Embalmer No. *2679*

P. O. Address: *7714 1st Avenue*

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.

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