

No. 300
10.48

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13656

923

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

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY St. Charles		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 town) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) Robertson, Missouri 4060	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Josephine		c. (Last) French	
b. (Middle) _____		4. DATE OF DEATH (Month) (Day) (Year) 4 27 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-3-1900
9. AGE (In years last birthday) 51		Months 1 Days 24	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housework	11. BIRTHPLACE (State or foreign country) Chetopa, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John H. Bodenhamer	
13b. MOTHER'S MAIDEN NAME Laura Belle Tracy		14. NAME OF HUSBAND OR WIFE Ellis D. French	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NIL	
17. INFORMANT'S SIGNATURE OR NAME Ellis D. French, Robertson, Missouri		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular disease DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. nefro-sclerosis	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH ? ? 33 1/2	
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) _____	
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 4-25 , 19 51 , to 4-27-51 , 19 _____, that I last saw the deceased alive on 4-27-51 , 19 _____, and that death occurred at 3:35 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. Smiler, M.D. (Degree or title)		23b. ADDRESS 207 N. G. 1/2th St. Charly, Mo	
23c. DATE SIGNED 4/27/51		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	
24b. DATE Apr 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Big River Cemetery	
24d. LOCATION (City, town, or county) (State) Irondale, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Bayer Funeral Home Leadwood, Mo. ADDRESS _____	
DATE REC'D BY LOCAL REG. 4-27-51		REGISTRAR'S SIGNATURE Francis Hamelton 294	

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

RECEIVED

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 William E. Bayer
Licensed Embalmer No. 4730

P. O. Address Leadwood 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.