

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39011

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State File No. 10197
Registrar's No. 10197

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____			2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____							
St. Louis City Hos'p.				5265 Fairview							
3. NAME OF DECEASED (Type or Print) _____			a. (First) _____		b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) _____		
EMMA ELIZABETH FRENCH									11 15 51		
5. SEX _____		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) _____		8. DATE OF BIRTH _____		9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____	
Female		W.		Wid.		October 8, 1864		87			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____			12. CITIZEN OF WHAT COUNTRY? _____		
at home						Kentucky					
13a. FATHER'S NAME _____				13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE _____				
Wilson				Unknown			J. B. French				
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 _____ ADDRESS _____					
no				none		Thom. C. Willett, 5265 Fairview					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH _____		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerotic heart disease</i>							<i>Chronic</i>		
		ANTECEDENT CAUSES									
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>									
		DUE TO (c) _____									
		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 <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) _____						
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? _____			4200			
22. I hereby certify that I attended the deceased from <i>Nov. 13, 1951</i> , to <i>Nov. 16, 1951</i> , that I last saw the deceased alive on <i>Nov. 13, 1951</i> , and that death occurred at <i>10</i> m., from the causes and on the date stated above.											
23a. SIGNATURE _____ (Degree or title) _____					23b. ADDRESS _____			23c. DATE SIGNED _____			
<i>J. P. Ryburn M.D.</i>					<i>2345 Hebert St. St. Louis</i>			<i>11/16/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY _____			24d. LOCATION (City, town, or county) _____ (State) _____				
Burial		11-18, 1951		St. Jerome			Lowes Ky.				
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE _____			25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____						
NOV 18 1951		<i>J. Earl Smith M.D. Mayor</i>			<i>4356 Lindell Blvd</i>						

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

J. W. Bentley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, 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.