

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 23179
1752
Registrar's No. 1752

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590

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) OR TOWN <u>Rural Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>	
c. LENGTH OF STAY (In this place) <u>39 yrs. 7 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4280 ST. VINCENT'S SANATORIUM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>Primeau</u> c. (Last) <u>Primeau</u>			DATE OF DEATH (Month) (Day) (Year) <u>June 27 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 15, 1865</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>George Ebert</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Marie</u>	14. NAME OF HUSBAND OR WIFE <u>EDW. A. PRIMEAU</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NOISE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Edward Primeau - Step-son</u>	ADDRESS <u>16 Windermere Place, St. Louis, Mo.</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>Years</u>
	DUE TO (c) <u>Generalized osteoarthritis</u>		<u>Years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia, deteriorated.</u>		<u>Years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/2 000</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 5, 1949, to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Costello</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2407 N. B. Hwy, St. Louis, Mo.</u>	23c. DATE SIGNED <u>6/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-1-52</u>	24c. NAME OF CEMETERY-OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-30-52</u>	REGISTRAR'S SIGNATURE <u>Nesbert R. Domb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. A. Krowl</u>	ADDRESS <u>L & G. Co 2707 N. Grand</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

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

W E Morris

Licensed Embalmer No. 3360

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.