

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

State File No. **20218**

No. 300
10-48

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1497

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2129</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>265 Union Blvd.</u>	

3. NAME OF DECEASED (Type or Print) LOUIS

a. (First) _____ b. (Middle) _____ c. (Last) RASSIEUR

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1953

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12-21-1876 9. AGE (In years) (Months) (Days) (Hours) (Mins.) 76 5 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician

10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Theodore Rassieur 13b. MOTHER'S MAIDEN NAME Pauline Schraag 14. NAME OF HUSBAND OR WIFE Lillie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Rassieur ADDRESS 265 Union Blvd

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of cerebral artery

INTERVAL BETWEEN ONSET AND DEATH 8 hours

ANTECEDENT CAUSES

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

Due to (b) _____

Due to (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

3 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION. _____

332X

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) _____

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 April 9, 1942, to May 28, 1953, that I last saw the deceased alive on May 28, 1953, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE G. O. Brown M.D. (Degree or title) 23b. ADDRESS G. O. Brown, M.D. 1325 South Grand Boulevard 23c. DATE SIGNED 5/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-1-53 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 5-29-53 REGISTRAR'S SIGNATURE Hackett R. Danaher 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur McDonnell, 3840 Lindell Blvd.

P.F. (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 Francis Williamson

Licensed Embalmer No. 3565

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.