

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22653

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 221	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) Flat River Mo.		d. STREET ADDRESS (If rural, give location) 0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital.		c. LENGTH OF STAY (in this place)		a. STATE Mo		b. COUNTY St. Francois	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Rosa		b. (Middle) Lee		c. (Last) Deremo		June 18-1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 7-1880	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Days 9		IF UNDER 1 HR. Hours 11		IF UNDER 1 HR. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Winona, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph A. Hugon			13b. MOTHER'S MAIDEN NAME Julia Walber Hugon			14. NAME OF HUSBAND OR WIFE Joseph L. Deremo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph L. Deremo, Flat River Mo.			
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) Pneumo-pneumonia		ANTECEDENT CAUSES acute interstitial nephritis				3d	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute - Cook's liver		DUE TO (c) acute interstitial nephritis				8 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION A. side lobe resected				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 444 X			
22. I hereby certify that I attended the deceased from May, 1950, to June 18, 1953, that I last saw the deceased alive on 6-18, 1953, and that death occurred at 7 a.m., from the causes and on the date stated above.							
23a. SIGNATURE H. O. Gaebe M.D.				23b. ADDRESS Osceola Mo		23c. DATE SIGNED 6-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Park		24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
DATE REC'D BY LOCAL REG. JUNE 19, 1953		REGISTRAR'S SIGNATURE Esther Rudloff 284-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell, Flat River, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

094
0

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 R. C. Calderwood

Licensed Embalmer No. 2531

P. O. Address Flat River 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.