S. No. 300
Rev. 10.48

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

FILED AUG 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26332

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6665

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 57
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
d. STREET ADDRESS (If rural, give location): 6234 Chatham Ave. 4-301

3. NAME OF DECEASED (Type or Print)
a. (First): Maurice
b. (Middle): J
c. (Last): Fontaine

4. DATE OF DEATH (Month) (Day) (Year): 7/6/53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr.4 1878
9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machanist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): France
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Julian Fontaine
13b. MOTHER'S MAIDEN NAME: Dont Know
14. NAME OF HUSBAND OR WIFE: Celine Fontaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): **********
16. SOCIAL SECURITY NO.: Dont Know
17. INFORMANT'S SIGNATURE OR NAME: Celine Fontaine — **ADDRESS**: 6234 Chatham Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 32 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] 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): 420,1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* 7-5-, 1953, *to* 7-6-, 1953, *that I last saw the deceased alive on* 7-5-, 1953, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M Paiato (Degree or title) M.D.
23b. ADDRESS: 1010 Mc Causland
23c. DATE SIGNED: 7/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/8/53
24c. NAME OF CEMETERY OR CREMATORY: Lake Charlesy Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis, Missouri

DATE REC'D BY LOCAL REG.: JUL 6 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Jos.W.Clark — **ADDRESS**: 1125 Hodiamont Ave.
(Licensed Embalmer's Statement on Reverse Side)

Dr.John N. Parato 1010 McCausland Ave. Mi.1233 (9:30-8PM)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Alfred F. Boedeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Fairmount

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.