

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

FILED JUL 31 1953

State File No. **26848-6215**  
Registrar's No. **6215**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>40 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2069</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1909 Belt Avenue</b>			d. STREET ADDRESS (If rural, give location) <b>1909 Belt Avenue</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b>		b. (Middle) <b>Philip</b>	c. (Last) <b>St. Onge</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 22 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 22, 1868</b>	9. AGE (In years last birthday) <b>85</b>	10. UNDER 1 YEAR Months <b>3</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>shipping Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Butler Bros.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Theodore St. Onge</b>		13b. MOTHER'S MAIDEN NAME <b>Kunigundi Walter</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Hardt St. Onge</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frank Stone 1225 Grand View Dr Kirkwood 22 Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6-18-53</b>
			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. <b>none</b>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>332X</b>			
22. I hereby certify that I attended the deceased from <b>6-18-53</b> , to <b>6-22-53</b> , 19____, that I last saw the deceased alive on <b>6-21-53</b> , 19____, and that death occurred at <b>4:30 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Walter H. Schroeder</b>			23b. ADDRESS <b>1515 St. Louis</b>		23c. DATE SIGNED <b>6-22-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 24-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethel</b>	24d. LOCATION (City, town, or county) (State) <b>Pond Mo.</b>		
DATE REC'D BY LOCAL JUN 22 1953	REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schrader Funeral Home, Ballwin, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK—NEEDLING BLOCK IN

**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

*Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Ballwin T.*

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.