

No. 300
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FILED MAR 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7244

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 445

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rock Hill		c. CITY Kirkwood OR TOWN Rock	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 12 days		e. STREET ADDRESS (If rural, give location) 213 S. Clay Ave. <u>4713</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Rock Hill Rest Home			

3. NAME OF DECEASED a. (First) EMMA (Type or Print)		b. (Middle) FRENCH		c. (Last) LONAS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 16, 1869		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 84 6 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Never worked		11. BIRTHPLACE (City and State or Foreign Country) / Lexington, Va.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Alfred Tanguary		13b. MOTHER'S MAIDEN NAME Laura Farrar		14. NAME OF HUSBAND OR WIFE John Lonas	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. Wagner, 213 S. Clay, Kirkwood	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo - 20 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FALL - FRACTURE HUMERUS - COLLES.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INFIRMITIES OF AGE DUE TO (c) MYOCARDIAL DEGENERATION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASTHENIA AND GONN.		10 yrs 7 days	

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION 9040	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkwood, St. Louis, MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) DEC. 29 - 1953 12	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FALL IN - HOME. 12⁵

22. I hereby certify that I attended the deceased from 12/29, 1953, to 2/17, 1954, that I last saw the deceased alive on 2/17, 1954, and that death occurred at 4:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>John L. [Signature]</i>	23b. ADDRESS 3002 S. [Address]	23c. DATE SIGNED 2/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/19/54	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 2-18-54	REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed..... *Felix Hernandez*

Licensed Embalmer No. *3934*

P. O. Address *Kutervo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.