

FILED MAY 17 1954

STANDARD CERTIFICATE OF DEATH

17550

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6069</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Iron Twp.</u>		c. LENGTH OF STAY (in this place) <u>Overland</u>		c. CITY OR TOWN <u>Overland</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>2205 Huntington Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Andre'</u>		b. (Middle) <u>Pirre</u>		c. (Last) <u>Lasserre</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>April</u>		<u>15</u>		<u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 19, 1890</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>		IF UNDER 1 HOUR Hours <u>1</u> Min. <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist Journeyman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil refinery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ste Foy le Grande, France</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Julien Lasserre</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Faure</u>		14. NAME OF HUSBAND OR WIFE <u>May R. Lasserre</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>May R. Lasserre</u> ADDRESS <u>2205 Huntington Ave. Overland, Missouri</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner Jury Verdict:</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>From Natural Causes,</u> DUE TO (c) <u>Had heart ailment</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>prayer to death</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Cause</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Calvin home</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Iron Township St. Francois Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Hour) (Minute) <u>accused 4/15/54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bert G. Miller</u> <u>Coroner</u>				23b. ADDRESS <u>Farmington, Missouri</u>		23c. DATE SIGNED <u>4/30/54</u>	
24a. BURIAL/CREMATION REMOVAL (Specify) <u>Cremination</u>		24b. DATE <u>4/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG <u>Apr. 30, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Pudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hilleman Funeral Home</u>		ADDRESS <u>Overland, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 48

940

MAY 17 1958

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 *Not embalmed* Licensed Embalmer No.

P. O. Address

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.