

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4599**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>33</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Baptist Hospital</i>		c. CITY OR TOWN <i>University City</i>	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <i>6930 Kingsbury Blv'd.</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) B	c. (Last) FRENCH	4. DATE OF DEATH (Month) (Day) (Year)
				5 22 54

5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Sept. 4 1920</i>	9. AGE (In years last birthday) <i>33</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lawyer - U.S. Engineers</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Charles C. French</i>	13b. MOTHER'S MAIDEN NAME <i>Louise Baldwin</i>	14. NAME OF HUSBAND OR WIFE
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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) <i>Yes W.W. II.</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Charles C. French, 6930 Kingsbury</i>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hodgkins disease</i>		
	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 <i>Dec. 1950</i>	19b. MAJOR FINDINGS OF OPERATION <i>Radical neck dissection, right - Cervical Hodgkins nodes</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? <i>2017</i>

22. I hereby certify that I attended the deceased from *November 1950*, to *5/22*, 19*54*, that I last saw the deceased alive on *5/21*, 19*54*, and that death occurred at *7:30 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Richard Skieja MD</i>	23b. ADDRESS <i>4500 Olive St. Louis 8</i>	23c. DATE SIGNED <i>5/24/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>5-24-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Gate Grove</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
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DATE REC'D BY LOCAL REG. MAY 24 1954	REGISTRAR'S SIGNATURE <i>J. Charles Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W.C.R. Lupton & Sons</i>	ADDRESS <i>7233 Welmer</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Arnold W. Schoen*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

**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.**