

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 25 1955 STANDARD CERTIFICATE OF DEATH

State File No. 22923

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 19-55

1. PLACE OF DEATH a. COUNTY Miller		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) Tusculum		c. CITY OR TOWN St. Ann's	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Humphreys Hosp.		e. STREET ADDRESS (If rural, give location) 10606 St. Phillips 1	

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) THOMAS c. (Last) LECLAIRE			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1955		
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5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH NOV. 27, 1944		9. AGE (In years last birthday) 10		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during last of working life, even retired) Students			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Paul Le Claire Sr.			13b. MOTHER'S MAIDEN NAME Agnes Wilson			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMY 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 Paul Le Claire Sr.		ADDRESS, St. Ann's	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Brain Damage DUE TO (c) Gun Shot Wound II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 hr. 37 min	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9194 43		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place bldg., etc.) Near Barnett Dam		21c. (CITY, TOWN, OR TOWNSHIP) 066 Miller (COUNTY) MO. (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 16 55 38 ^m			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental Gun Shot Wound	
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22. I hereby certify that I attended the deceased from 7/16, 1955, to 7/16/55, 1955, that I last saw the deceased alive on 7/16, 1955, and that death occurred at 5:42 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Mason, D.O. (Degree or title) 2		23b. ADDRESS Lake Park, Mo.		23c. DATE SIGNED 7/16/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 17, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Charles Danoneo		24d. LOCATION (City, town, or county) (State) St. Charles County Mo.	
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DATE REC'D BY LOCAL REG. July 18, 1955		REGISTRAR'S SIGNATURE Mrs. D.E. Kallenbach 391-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lewis W. Phillips Eudora	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

HEALTH
DEPARTMENT

JUL 25 1957

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 *Louis D. Phillips*
Licensed Embalmer No. *36*

P. O. Address *Edo*

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.