

FILED AUG 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27371
Registrar's No. 232

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, write RURAL and give town or town) Bonne Terre
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Elvins
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Rural Route # 1

3. NAME OF DECEASED (Type or Print) Jesse French
a. (First) b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Jan. 22, 1876 9. AGE (In years last birthday) 79 10. MONTHS 6 11. HOURS 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Minner 10b. KIND OF BUSINESS OR INDUSTRY National Lead Co. 11. BIRTHPLACE (City and State or Foreign Country) Perry County Mo. 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Alexander French 13b. MOTHER'S MAIDEN NAME Mary Jane Shaw 14. NAME OF HUSBAND OR WIFE Ida Caroline French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harley French Desloge, Mo.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage
ANTECEDENT CAUSES arterio-sclerosis general
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 331X
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Arterio-sclerotic hypertension
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1955, to 8-6, 1955, that I last saw the deceased alive on 8-6, 1955, and that death occurred at 9:30pm., from the causes and on the date stated above.

23a. SIGNATURE H.C. Ziehl M.D. (Degree or title) 23b. ADDRESS Desloge Mo. 23c. DATE SIGNED 8-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 9/ 1955 24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery 24d. LOCATION (City, town, or county) Farmington, Mo. (State)

DATE REC'D BY LOCAL REG. Aug 9, 1955 REGISTRAR'S SIGNATURE Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. Boyer & Son Desloge, Mo.

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 *B. T. Boyer*.....

Licensed Embalmer No. *366*

P. O. Address *Udlog*.....

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.