

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42994

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2945</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u>		c. LENGTH OF STAY (in this place) <u>40 hrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>1918 Destrehan St.</u>				<u>2261</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucien L. Piquard</u>			b. (Middle) _____			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16 1955</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>August 12, 1885</u>			9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 6 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Glass Cutter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Miss. Glass Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown Belgium</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Piquard</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Piquard</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>43 0603294</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Piquard</u>				ADDRESS <u>1918 Destrehan St.</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>Cerebral apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
				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. <u>Arterio Sclerosis</u>					
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Dec 1 1955</u> , to <u>Dec 16 1955</u> , that I last saw the deceased alive on <u>Dec 16 1955</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William L. Piquard M.D.</u>				23b. ADDRESS <u>4142 N Grand</u>			23c. DATE SIGNED <u>12/17/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 19th 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-18-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Douba M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward Kohrson - 3516 E. 14th</u>				

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 *Ronald O. Yahrke*.....

Licensed Embalmer No. *39*.....

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.