

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**10335**

**FILED MAR 27 1956**

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Flat River</b>		c. LENGTH OF STAY (in this place) <b>25 years</b>		c. CITY OR TOWN <b>Flat River</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home 809 Monroe</b>		e. STREET ADDRESS (If rural, give location) <b>809 Monroe Street</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>William</b>	b. (Middle) <b>Andrew</b>	c. (Last) <b>St. Gemme</b>	(Month) <b>March</b>	(Day) <b>16</b>	(Year) <b>1956</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 8th. 1884</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HRS. Days <b>8</b>	IF UNDER 10 MIN. Hours <b>7</b>	IF UNDER 1 MIN. Minutes <b>7</b>
-----------------------	----------------------------------	--	---	--	---------------------------------------	--------------------------------------	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deputy Marshall</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Flat River, Mo</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mine La Motte, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME <b>William St. Gemme</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hahn</b>		14. NAME OF SPOUSE OR WIFE <b>Celeste LaPorte St. Gemme</b>	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>198 10 5783</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Velmar St. Gemme, Flat River, Mo</b>		ADDRESS <b>Flat River, Mo</b>	
---	--	---	--	--	--	----------------------------------	--

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 1. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2-3 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized,</b>				<b>10 yrs</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		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>				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 Aug 25, 1954, to March 16, 1956 that I last saw the deceased alive on March 13, 1956, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.W. Zupan DO</b>		23b. ADDRESS <b>Flat River Mo</b>		23c. DATE SIGNED <b>3/19/56</b>	
--	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Mar. 18, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Parkview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Farmington, Mo MO</b>	
---	--	-----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG <b>Mar. 19, 1956</b>		REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>G.Z. Boyer &amp; son</b>		ADDRESS <b>Desloge, Mo</b>	
---	--	--	--	---	--	-------------------------------	--

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

300  
48

95

90

---

---

**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. *3*.....

P. O. Address *Alaska*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING**  
**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.**