

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 44

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 4251

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kimmisswick</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"/>
c. LENGTH OF STAY (In this place) <u>4 mos</u>		e. STREET ADDRESS (If rural, give location) <u>3837 Burgen Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Four Oaks Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u> b. (Middle) <u>DEFRENNE</u> c. (Last) <u>DEFRENNE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 24, 1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired ownhome</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Genevieve, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>LaChance</u>	13b. MOTHER'S MAIDEN NAME <u>Crump</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Defrenne</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gladys Kalf</u> ADDRESS <u>3837 Burgen Ave., St. Louis, Missouri</u>
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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) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> DUE TO (b) _____		<u>2 yrs.</u>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>rheumatoid arthritis generalised 10 yrs.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4 200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan 1956 19____, to death, 19____, that I last saw the deceased alive on 9th May, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John G. Kellett M.D.</u> (Degree or title)	23b. ADDRESS <u>2314 Telegraph Road - LeMay</u>	23c. DATE SIGNED <u>5/19/1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Prarie Du Rocher, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>5-19-1956</u>	REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Weber</u> ADDRESS <u>Dupo, Illinois</u>
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 23 1956

APR 29 1956

1956

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.....
Licensed Embalmer No..... 462

P. O. Address... DuPo, Illino

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.