

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18182**  
Registrar's No. **4596**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) -a. STATE <b>Missouri</b> b. COUNTY <b>Ste Genevieve</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. CITY OR TOWN <b>Ste Genevieve</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stome Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>0451</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>	b. (Middle) _____	c. (Last) <b>Lalumondier</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov. 13, 1881</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 21 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unkown</b>	13b. MOTHER'S MAIDEN NAME <b>Unkown</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph Lalumondier</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Nil</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leontine Forthman</b>	ADDRESS <b>729 Ave. H</b>
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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 <b>Lemay Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs</b> <b>8 am.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ac delation of heart</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic cardiac vascular disease</b> DUE TO (c) <b>Ca of lung (Bronchogenic)</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>422.1 H</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **12-20**, 19**55**, to **5/9**, 19**56**, that I last saw the deceased alive on **5/9**, 19**56**, and that death occurred at **6:55p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Leona S. Franklin</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>752 Spruce, Lemay, Mo.</b>	23c. DATE SIGNED <b>5-12-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-10-56</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Local</b>	24d. LOCATION (City, town; or county) (State) <b>Ste Genevieve Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 11 1956</b>	REGISTRAR'S SIGNATURE <b>J. Cash Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4704 Washington Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 1978

**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 *Stanley H. Dixon*

Licensed Embalmer No. *419*

P. O. Address *St. L.*

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.