

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18474

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **4552**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (In this place) 15 yrs 12	c. CITY OR TOWN St. Louis	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 # 10 North Kingshighway		e. STREET ADDRESS (If rural, give location) # 10 North Kingshighway 212 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) Onesime b. (Middle) B. c. (Last) Poulin		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1956	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Nov. 27, 1853
9. AGE (In years last birthday) 102	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Mercantile	10b. KIND OF BUSINESS OR INDUSTRY Grocery Co.	11. BIRTHPLACE (City and State or Foreign Country) Canada	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jean B. Benjamin	13b. MOTHER'S MAIDEN NAME Onesime Nadeau	14. NAME OF HUSBAND OR WIFE Remy Poulin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 492-16-3448	17. INFORMANT'S SIGNATURE OR NAME MR. Albert J. Poulin	
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.		17. ADDRESS 10 N. Kingshighway	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ARTERIO SCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH YEARS	
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. ARTERIO SCLEROTIC KIDNEY DISEASE		YEARS	
19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION 420.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0	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) (m.)	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 13 FEB, 1956 , to 9 MAY, 1956 , that I last saw the deceased alive on 7 MAY, 1956 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. K. Osterhoff M.D.		23b. ADDRESS 634 No Grand	23c. DATE SIGNED 5/10/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. MAY 10 1956	REGISTRAR'S SIGNATURE J. Earl Smith	5. FUNERAL DIRECTOR'S SIGNATURE W. J. Connelly	
		ADDRESS 3840 Lindell Blvd.	

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

No. 15. 1917. 1-1-1917

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 *Francis Williamson*

Licensed Embalmer No. *35*
P. O. Address *3840 Lin*

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