

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35518**
Registrar's No. **9799**

FILED NOV 16 1956

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

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>96</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>3915 A Parker Ave</i>	
3. NAME OF DECEASED (Type or Print)	a. (First) <i>James</i>	b. (Middle) <i>Leo</i>	c. (Last) <i>French</i>
4. DATE OF DEATH (Month) (Day) (Year)	<i>10-25-56</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3/13/1863</i>
9. AGE (In years last birthday) <i>93</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pease-Axel Turner</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>ST. L. CAR BDY. CO. (RETIRED)</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Perryville, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>UNKNOWN FRENCH</i>	13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>LATE CARRIE FRENCH</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>RUBY MILLFELT 3915 A PARKER</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malnutrition - Cachexia - Dehydration</i>	826NCHO PNEUMONIA		} <i>1 month</i>
ANTECEDENT CAUSES	DUE TO (b) <i>Toxemia</i>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <i>Wound infection + dehiscence</i>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>following abdominal exploration</i>		
19a. DATE OF OPERATION <i>10-5-56</i>	19b. MAJOR FINDINGS OF OPERATION <i>Stones in common bile duct 584x</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 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 <i>9-23-1956</i> , to <i>10-25-1956</i> , that I last saw the deceased alive on <i>10-25-1956</i> , and that death occurred at <i>9:02 m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Paul M. Passanante M.D.</i>	23b. ADDRESS <i>462 N Taylor, St. Louis, Mo.</i>	23c. DATE SIGNED <i>10-26-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	24b. DATE <i>10-29-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>	24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO. MO.</i>
DATE REC'D BY LOCAL REG. <i>OCT 26 1956</i>	REGISTRAR'S SIGNATURE <i>J. Paul Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>KRIEGSHAUSER 4228 S. KINGSHIGHWAY</i>	

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 *Richard W. Stoverman*.....

Licensed Embalmer No. *400*.....

P. O. Address

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.