

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43059**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10703**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	b. COUNTY
c. LENGTH OF STAY (in this place)		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 Little Flower Nursing Home		e. STREET ADDRESS (If rural, give location) 3874 Marine Avenue	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Armine	b. (Middle) Marie	c. (Last) Gaudette	(Month) Nov.	(Day) 21,	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 19, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Nova Scotia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Theriault	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Alcide Gaudette
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or date of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Paul Gaudette - 3874a Marine Ave.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, chronic</u>		<u>3 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		<u>3 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cerebral thrombosis</u>	<u>8 years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422.1</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 June 10, 1947, to Nov 21, 1956, that I last saw the deceased alive on Nov 21, 1956, and that death occurred at 3:10P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. R. Welnicki MD</u>	23b. ADDRESS <u>#916 Roman</u>	23c. DATE SIGNED <u>11-23-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 24, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Alphonse Cemetery
24d. LOCATION (City, town, or county) (State) Millwood, Missouri		

DATE REC'D BY LOCAL REG. NOV 23 1956	REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE WACKER-HELDERLE - 3634 Gravois Ave.	ADDRESS
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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. 267  
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.