

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2900**
Registrar's No. **707**

FILED FEB 4 1957

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 admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Clair	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 51 days		e. STREET ADDRESS (If rural, give location) R.R. # 1 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) ANN c. (Last) Lamasus		4. DATE OF DEATH (Month) (Day) (Year) 1 - 22 - 57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 7-21-53
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR 6 Months	IF UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) St. Clair, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Ray Lamasus		13b. MOTHER'S MAIDEN NAME Mary Lee Volle	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME E. Johnston ADDRESS 500 S. Kings Highway
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of Liver. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 584x	
19a. DATE OF OPERATION 1/21/57		19b. MAJOR FINDINGS OF OPERATION CALCULI	
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) (Minute)		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 12-2- , 19 56 , to 1-22 , 19 57 , that I last saw the deceased alive on 1-22 , 19 57 , and that death occurred at 10³⁰ A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Barbara Jones, M.D.		23b. ADDRESS St. Louis Children's Hosp.	23c. DATE SIGNED 1-22-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 24 1957	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.	24d. LOCATION (City, town, or county) (State) St. Clair, Mo.
DATE REC'D BY LOCAL REG. JAN 23 '57		REGISTRAR'S SIGNATURE J. Carl Smith, M.D. ADDRESS St. Clair Mo.	
		25. FUNERAL DIRECTOR'S SIGNATURE Sherrill Mitchell ADDRESS St. Clair Mo.	

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

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 *Sheldon G. Kitchell*

Licensed Embalmer No. *387*

P. O. Address *Idaho*

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.