Health, & Welfare
Public
Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10042

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2905

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN Festus — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital — Length of stay in 1b 6 days	STREET ADDRESS (If outside, give location) 524 Forest Street — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Julain	Middle:	Last: Cazaux	4. DATE OF DEATH	Month: Mar Day: 20 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: July 14, 1884	9. AGE (In years last birthday): 72	IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Crystal City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Pierri La Boube		14. MOTHER'S MAIDEN NAME: Mary Ann Antoine			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: None	17. INFORMANT: Tony Cazaux, 524 Forest St., Festus, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Anemia
Peripheral vascular collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Peripheral Vascular Collapse
DUE TO (c) Obstruction of common duct (partial)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 586X

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 3-15-57 to 3-20-57 and last saw her/him alive on 3-20-57
Death occurred at 3-20-8 a.m. 3:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo. T. Gaffney M.D.	22b. ADDRESS: 634 N. Grand		22c. DATE SIGNED: 3-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Mar 25, 1957	23c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery	23d. LOCATION (City, town, or county) (State): Festus, Missouri
24. FUNERAL DIRECTOR: Vinyard Fun'l Homes, Inc.	ADDRESS: Festus, Mo.	25. DATE RECD. BY LOCAL REG.: MAR 26 '57	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 301

P. O. Address Foster

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.