

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14930

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3447

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) OR TOWN ST LOUIS		a. STATE MISSOURI b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (in this place) 25 DAYS		c. CITY OR TOWN 4000 D FLOISSANT	
d. FULL NAME OF HOSPITAL OR INSTITUTION. DE PAUL HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 27 Box 291, R.R.#2 (New Halls Ferry Rd)		f. RURAL, GIVE LOCATION	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) STELLA		b. (Middle) LAJEUNESS	
c. (Last)		5. (Month) 6. (Day) 7. (Year) APRIL 8, 1957	
5. SEX F		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
WIDOWED		APRIL 4, 1880	
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days Hours Min.	
77		77	
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 Foreign Country) FLOISSANT, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK ABUCHON		13b. MOTHER'S MAIDEN NAME MATHILDA JESSON	
14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. AGNES HORENKAMP		ADDRESS FLOISSANT, Mo.	
18. CAUSE OF DEATH Enter only the cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture neck left femur INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		(b) Pulmonary Embolism 10 min.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		904.0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 21	
20/AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Floissant, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-12-57 1 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell at home.			
22. I hereby certify that I attended the deceased from March 10, 1957, to April 8, 1957, that I last saw the deceased alive on April 8, 1957, and that death occurred at 11 A.M., from the causes and on the date stated above.			
23a. SIGNATURE W. A. Johnson M.D.		23b. ADDRESS Floissant, Mo.	
23c. DATE SIGNED 4-9-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-11-57	
24c. NAME OF CEMETERY OR CREMATORY St. FERDINANDS		24d. LOCATION (City, town, or county) (State) FLOISSANT, Mo.	
DATE REC'D BY LOCAL HEALTH DEPT. APR 10 1957		REGISTRAR'S SIGNATURE C. E. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE New Halls Ferry Rd		ADDRESS FLOISSANT, Mo.	

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

(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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene A. Hutchens*.....

Licensed Embalmer No.4966

P. O. Address *Flouissant*.....

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.