

300  
1-56

ALL diseases in Part I must be casually related. Coroner certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1957

26527

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6276

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Glencoe</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardinal Glennon</u>		d. STREET ADDRESS (If outside, give location) <u>Highway 100</u>	
3. NAME OF DECEASED (Type or print) First <u>Cynthia</u> Middle <u>Katherine</u> Last <u>St. Onge</u>		4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 2, 1956</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	
13. FATHER'S NAME <u>John St. Onge</u>		14. MOTHER'S MAIDEN NAME <u>Dovie Gaehle</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>John St. Onge Rt 1, Glencoe, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>status epilepticus</u> <u>static epilepticus</u> cause as yet undetermined Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cause as yet undetermined</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>353.2</u>	
20c. TIME OF INJURY Hour' <u>6-2</u> Month, Day, Year <u>7-4-57</u> a. m. <u>8:20</u> p. m.		20f. CITY, TOWN, OR LOCATION <u>Glencoe</u> COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>6-2</u>	
21. I attended the deceased from <u>June 2</u> to <u>July 4</u> and last saw her alive on <u>July 4</u> Death occurred at <u>8:20 A.M.</u> in <u>Glencoe</u> as stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. K. Hamilton</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>35 No. Central Clayton</u>	
22c. DATE SIGNED <u>7/6/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>7-7-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Orrville, Missouri</u>		24. FUNERAL DIRECTOR <u>Schrader Funeral Home Ballwin Mo.</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>JUL 6 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Bopp* .....

Licensed Embalmer No. *45*

P. O. Address *Ballwin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.