

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008300

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Wellston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Saint Charles</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rockwood Manor</u>		Length of stay in 1b <u>1 mo.</u>		d. STREET ADDRESS (If outside, give location) <u>809 No. Third</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Alphonse</u> Middle <u>M.</u> Last <u>Tetrault</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>26</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 9, 1894</u>		9. AGE (In years, last birthday) <u>64</u>	
IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Fulton Iron Works</u>		11. BIRTHPLACE (City and state or country) <u>Leory, N. Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Patrick Tetrault</u>			13b. MOTHER'S MAIDEN NAME <u>Mary R. Dease</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Johnson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes W.W.#1</u>			16. SOCIAL SECURITY NO. <u>499-03-4671</u>		17. INFORMANT Address <u>Mrs. A. Tetrault, St. Charles, 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>Carcinoma of lung.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 MONTHS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u>						DUE TO (c) <u>163X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Emphysema</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)				
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>							
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov. 1958</u> to <u>Jan 26, 1958</u> and last saw him alive on <u>Jan. 25, 1958</u> Death occurred at <u>7:30 a.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Charon Bienbaum, M.D.</u> (Degree or title)			22b. ADDRESS <u>607 N. Grand</u>			22c. DATE SIGNED <u>Jan. 27, 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan. 30, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>		
24. FUNERAL DIRECTOR <u>B.C. Dallmeyer</u> ADDRESS <u>St. Charles, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1/27/58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert P. Darnke MD</u>		

(Licensed Embalmer's Statement on Reverse Side)

JK

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

FEB 19 1958

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 *Frank R. Amaleng*
Licensed Embalmer No. *4835*
P. O. Address *St. Charles*

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.