

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015796
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4202

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 3849 Olive St.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 281 Unknown
3. NAME OF DECEASED (Type or print) First Middle Last HAROLD O. FRENCH		4. DATE OF DEATH Month Day Year April 16, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 13, 1906
9. AGE (In years) 51		10. MONTHS 4	11. DAYS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) East St. Louis, Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William French	
13b. MOTHER'S MAIDEN NAME Catherine Taylor		14. NAME OF HUSBAND OR WIFE - - -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give year or dates of service) Yes W. W. II		16. SOCIAL SECURITY NO. 429-09-81947	17. INFORMANT Address Catherine Taylor E. St. Louis, Illinois
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>Alcoholism</u> DUE TO (b) <u>Pulmonary Tuberculosis</u> DUE TO (c) <u>002X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.			
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 _____ to _____ and last saw her alive on _____ Death occurred at <u>12:35 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James M Kelly</u> (Degree or title) <u>Reputable</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>4-17-58</u>
23a. BURIAL, CREMATION, REBURY <u>Burial</u>	23b. DATE <u>4-21-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
24. FUNERAL DIRECTOR <u>John Stasch</u> ADDRESS <u>E. St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>APR 17 58</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith MO</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(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 *Not Embalmed*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Joseph J. Kelly*

Licensed Embalmer No. *7541*

P. O. Address *E. St. Louis,*

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.