

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023138
Start No. 6387
Registrar's No. 6387

FILED JUL 1 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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, write RURAL and give township) OR TOWN St. Louis

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital

e. STREET ADDRESS (If rural, give location) 4022 N. MARKET

3. NAME OF DECEASED (Type or Print)
a. (First) BORDEAUX b. (Middle) DALTON SR c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) 6 22 58

5. SEX M 2

6. COLOR OR RACE N

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4/12/1894

9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric work

10b. KIND OF BUSINESS OR INDUSTRY Self-employed

11. BIRTHPLACE (City and State or Foreign Country) Evansville Ind. 1

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME No knowledge

13b. MOTHER'S MAIDEN NAME No knowledge

14. NAME OF HUSBAND OR WIFE Selena Bordeaux

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 491-12-6233

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Selena Bordeaux 4022 N. Market

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction
ANTECEDENT CAUSES DUE TO (b) Atherosclerosis
DUE TO (c) Diabetes Mellitus
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH 84 hrs
6 1/2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 260x

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1958, to 6/22, 1958, that I last saw the deceased alive on 6/22, 1958, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. J. Gates M.D.

23b. ADDRESS 0 1325 So Grand Blvd

23c. DATE SIGNED 6/23/58

24a. BURIAL/CREMATION, REMOVAL (Specify) Removal

24b. DATE 6/27/58

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUN 24 '58

REGISTRAR'S SIGNATURE Charles J. Gates

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney Av

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

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.....
Licensed Embalmer No. 1985

P. O. Address 4107 Finney A

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.