

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026894
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6791

300
1-57

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 St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1		Length of stay in lb 20/9	d. STREET ADDRESS (If outside, give location) 312 W. Ellwood St.
3. NAME OF DECEASED (Type or print) First Middle Last Thomas E. Desnoyer		4. DATE OF DEATH Month Day Year July 6 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 11, 1882
9a. AGE (In years last birthday) 75		9b. UNDER 1 YEAR Months Days	9c. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Desnoyer	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary	
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. 489-10-1408	17. INFORMANT Address Edwin Desnoyer 103 W. Ellwood St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture Right Hip:</i> <i>Broncho Pneumonia.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>E900.0a1</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <i>Suffered in fall on steps in rear of house. July 4, 1958.</i>		
20c. TIME OF INJURY Hour Month, Day, Year 7 4 58	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.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at <i>505 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John A. Smith M.D.</i>		22b. ADDRESS <i>1300 Elm</i>	22c. DATE SIGNED <i>7/8/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>July 10, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>3700 Mt. Olive Rd. Lemay 23, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>C. Hofmeister Mortuaries 7811 S. Broadway</i>		25. DATE RECD. BY LOCAL REG. <i>JUL 8 58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D. M. J. B.</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lee C. Branson*

Licensed Embalmer No. *4764*
P. O. Address *St Louis, Mo*

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.