

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011683
STATE FILE NUMBER

REG. DISTRICT NO. 317 PRIMARY REGISTRATION DISTRICT NO. 544 REGISTRAR'S NO. 628
MAY 18 1959

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 4673 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hosp.		Length of stay in lb 5 HRS.	d. STREET ADDRESS (If outside, give location) 1025 Simmons Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) LOUIS CARTWRIGHT LE RESCHE			4. DATE OF DEATH Month March Day 8 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 29, 1891	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Months 1 Days 9	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman & Br. Mgr.	10b. KIND OF BUSINESS OR INDUSTRY De Vilbiss Co.	11. BIRTHPLACE (City and state or country) Jerseyville, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Le Resche	13b. MOTHER'S MAIDEN NAME Ellen Cartwright	14. NAME OF HUSBAND OR WIFE Mabel McIntire
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 292-03-7061	17. INFORMANT Mabel M. Le Resche, 1025 Simmons	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Prostatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X		

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.)
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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
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21. I attended the deceased from 1956 to March 8, '59 and last saw ^{xxx} him alive on March 8, 1959 Death occurred at 10:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature] (Degree or title) M.D.	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 3/9/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 9, '59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd.	ADDRESS 	25. DATE RECD. BY LOCAL REG. 3-9-59	26. REGISTRAR'S SIGNATURE John P. Murphy M.D.
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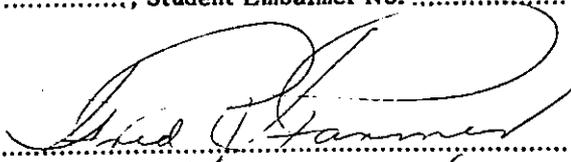
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Vertical text on the left margin: MEDICAL CERTIFICATION, All diseases in Part I must be causally related.

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. 4788

P. O. Address 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.