

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029574

FILED VS SEP 1 1959

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5873 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>DeKalberson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>170</u> b. COUNTY <u>Ste. Genevieve</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattin.</u>		Length of stay in 1b <u>40 Days</u>		c. CITY OR TOWN <u>Ste. Genevieve</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rose Hill Nursing Home</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>99 No 3rd</u>	
3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Goureau</u> Last <u>Goureau</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>25</u> Year <u>1959</u>			
5. SEX <u>Female</u>		6. COLOR OF RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 20 1883-76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>River Aux Usas, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anton Schwartz</u>			13b. MOTHER'S MAIDEN NAME <u>Christine Hermann</u>			14. NAME OF HUSBAND OR WIFE <u>BEN GOUREAU</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Mrs Martha Goureau, Genevieve Mo</u> Address <u>Stg -</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>Coronary Sclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1957</u> to <u>Aug 25 1959</u> and last saw her alive on <u>Aug 25 1959</u> Death occurred at <u>Aug 25 1959 6:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arthur E. Satterlee M.D.</u>				22b. ADDRESS <u>Ste Genevieve Mo</u>		22c. DATE SIGNED <u>Aug 25 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-28-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo</u>	
24. FUNERAL DIRECTOR <u>James A. Satterlee, Ste Genevieve Mo</u>				25. DATE RECD. BY LOCAL REG. <u>August 25-1959</u>		26. REGISTRAR'S SIGNATURE <u>Marie Parriar</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Jerome A. Stauter*

Licensed Embalmer No. 3817

P. O. Address St. Lawrence

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.