

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008516

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2025** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS, MO		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in 1b _____	c. CITY OR TOWN PERRYVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 283 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JESSE LEGRAND			4. DATE OF DEATH Month Day Year FEBRUARY 21 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-26-82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) ICE CREAM BUSINESS		10b. KIND OF BUSINESS OR INDUSTRY Washington Co. MO		11. BIRTHPLACE (City and state or country) Washington Co. MO		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JAMES LAGRAN		13b. MOTHER'S MAIDEN NAME MARY E. MEADOWS		14. NAME OF HUSBAND OR WIFE _____		
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. _____		17. INFORMANT Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lung abscess		INTERVAL BETWEEN ONSET AND DEATH 3 mo
DUE TO (b) PNEUMONIA		
DUE TO (c) 493x		
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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 _____			
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 2-19-60 to 2-21-60 and last saw him alive on 2-21-60 Death occurred at 8:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) William Bellepi		22b. ADDRESS 3720 Washington	22c. DATE SIGNED 2-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/24/60	23c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEMETERY	23d. LOCATION (City, town, or county) (State) FARMINGTON MO
24. FUNERAL DIRECTOR ADDRESS MILLER Funeral Home Farmington, Missouri		25. DATE RECD. BY LOCAL REG. FEB 21 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 *Bert J. Miller*

Licensed Embalmer No. *3752*

P. O. Address *Farmington, N.H.*

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 his body is not embalmed, fact should be so stated above.