

FILED VS. OCT 6 1960

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis, Mo.</i>		Length of stay in lb <i>1 day</i>	c. CITY OR TOWN <i>Shrewsberry</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Johns Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>7729 Kenridge Lane</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Lawrence H. Jouet</i>			4. DATE OF DEATH Month Day Year <i>9-29-60</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-24-1894</i>	9. AGE (last birthday) <i>66</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Stix Baer &amp; Fuller</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		13a. FATHER'S NAME <i>George Jouet</i>		13b. MOTHER'S MAIDEN NAME <i>Katherine Heilmann</i>	
13c. NAME OF HUSBAND OR WIFE <i>Fern Jouet</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <i>495-26-6615</i>		17. INFORMANT Address <i>Fern Jouet 7729 Kenridge Lane</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Myocardial infarction, massive post-erior</i>			<i>13 hrs</i>
DUE TO (b) <i>Coronary Thrombosis posterior</i>			<i>13 hrs</i>
DUE TO (c) <i>Arteriosclerotic Cardio-Vascular Disease</i>			<i>3 yrs -</i>
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. <i>4201</i>

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>4201</i>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>5:30 P.M.</i>					

20d. INJURY OCCURRED 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 <i>11/29/59</i> to <i>9/29/60</i> and last saw him alive on <i>9/29/60</i> Death occurred at <i>5:30 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>Paul Blod, M.D.</i>	22b. ADDRESS <i>5805 Wey Paul Blvd, 19,</i>	22c. DATE SIGNED <i>9/30/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-3-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New St Marys</i>	23d. LOCATION (City, town, or county) <i>New St Marys</i>	23e. DATE RECD. BY LOCAL REG. <i>OCT 3 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
24. FUNERAL DIRECTOR <i>Weick Bros</i>		ADDRESS <i>2201 S. Grand Blvd</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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68968.1249  
2101-0149  
Bar

**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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign 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.