SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027047
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6560

FILED JUL 25 1961

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, MO. — Length of stay in 1b 1½ days

c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSP.#1 — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) St.Louis Chronic Hosp. 5600 Arsenal St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MARY Middle F. Last LE FRANCOIS

4. DATE OF DEATH Month JULY Day 14, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married X Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/29/88

9. AGE (last birthday) 72 — 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) clerk

10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.

11. BIRTHPLACE (City and state or country) St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Leon LeFrancois

13b. MOTHER'S MAIDEN NAME Mary

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.

17. INFORMANT Lloyd LeFrancois — Address 3659 Dunnica

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Perinephric Abcess

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carbuncular pyelonephritis

DUE TO (c) Arteriolar Nephrosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 JULY 12, 1961, to JULY 14, 1961 and last saw her/him alive on JULY 14, 1961

Death occurred at 12:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. McGarough M.D.

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 7/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 17,1961

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St.Louis (State) Missouri

24. FUNERAL DIRECTOR WACKER-HELDERLE — ADDRESS 3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG. JUL 14 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4375

P. O. Address _____

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.