

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045158

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3198

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 4005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED NOV 16 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis County</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webster Groves, Mo.</b>		c. CITY OR TOWN <b>Webster Groves, Mo.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>616 N. Laclede Sta. Rd.</b>	
3. NAME OF DECEASED (Type or print)		First <b>Vincent</b> Middle <b>L.</b> Last <b>Boisaubin</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>2,</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/10/1882</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Legal Profession</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Lawyer</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Vincent V. Boisaubin</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Lauck</b>	
14. NAME OF HUSBAND OR WIFE <b>Katherine Boisaubin</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not for unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mr. Alferd Boisaubin, 4960 Pershing Place</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Gall Bladder</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several Months</b>	
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 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 <b>March 1953</b> , to <b>Nov. 2, 62</b> and last saw him alive on <b>Nov. 2, 62</b> Death occurred at <b>10:15 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Clement J. Belliveau M.D.</b> (Degree or title)		22b. ADDRESS <b>4161 Lindell</b>		22c. DATE SIGNED <b>11-3-62</b>	
23a. BURIAL, CREMATION, REBURYAL (Specify) <b>REBURYAL</b>		23b. DATE <b>Nov. 5, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>11-3-62</b>		23f. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>	
24. FUNERAL DIRECTOR <b>Arthur J. Donnelly</b> ADDRESS <b>3840 Lindell Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>11-3-62</b>			

250 1 16 10 4 117

**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. 4698

P. O. Address 3840 [unclear]

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.