

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049648

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12438** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12438**
FILED DEC 20 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		c. CITY OR TOWN BLOOMSDALE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5214 Schollmeyer St.		d. STREET ADDRESS (If outside, give location) BLOOMSDALE	
3. NAME OF DECEASED (Type or print) First MARY Middle J. Last LALUMONDIER		4. DATE OF DEATH Month 12 Day 15 Year 63	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) ST GENEVIEVE, MO.
13a. FATHER'S NAME LOUIS DOERGE		14. NAME OF HUSBAND OR WIFE ALBERT M.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MYRTLE CARRON FESTUS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Carcinoma of the Gall bladder DUE TO (c) metastasis 1551			INTERVAL BETWEEN ONSET AND DEATH ? 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition			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.	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	STATE
21. I attended the deceased from 9/10/63 to 10/24/63 and last saw her/him alive on 10/24/63 Death occurred at 10:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert M. Smith		22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 12-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-18-63	23c. NAME OF CEMETERY OR CREMATORY ST AGNES PARISH CEM.	23d. LOCATION (City, town, or county) (State) BLOOMSDALE, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO		25. DATE RECD. BY LOCAL REG. DEC 16 1963	26. REGISTRAR'S SIGNATURE Robert M. Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATE

BY AFFIDAVIT OF

PROVIDED-1973

ISSUED BY

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

Quincy B. Pellet

Licensed Embalmer No.

3486

P. O. Address

Crystal City - Mo.

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.