

3055

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1957  
92829-56 Registration District No. 318 Primary Registration District No. 1003  
Registrar's No. 155

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, MISSOURI		b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1		c. CITY OR TOWN St. Louis	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
25		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH Jan 6 1957	
First Barry		Middle Sansoucie	
Last		Month	Day
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH November 16, 1956
WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 20 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Sidney Sansoucie		14. MOTHER'S MAIDEN NAME Lorraine Weigel	
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.	
17. INFORMANT Sidney Sansoucie		Address 3120 Lemp Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningitis, bacterial			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>On 1/5/57 in Jefferson County</i>	
DUE TO (c) <i>On 1/5/57 in Jefferson County</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1/5/57</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART (a) Pneumonitis, bilafere			
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 Month, Day, Year a. m. <i>340.1</i>		20d. INJURY OCCURRED WHILE AT <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 1/5/57 1:55p, to 1/6/57 and last saw him alive on 1/6/57. Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Arthur W. Neilson Jr. M.D.</i> (Degree or title)		22b. ADDRESS 1515 Lafayette	
22c. DATE SIGNED <i>1/17/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/9/57	
23c. NAME OF CEMETERY OR CREMATORIAL Resurrection Cemetery		23d. LOCATION (City, town, or county) St. Louis County Mo.	
24. FUNERAL DIRECTOR John H. Gebken Sons 2630 Gravois Ave.		25. DATE REC'D. BY LOCAL REG. JAN 7 1957	
ADDRESS		26. REGISTRAR'S SIGNATURE <i>J. C. Schmidt M.D.</i>	

STUDENT NAME

STUDENT SIGNATURE

STUDENT SIGNATURE

STUDENT NO.

STUDENT NO.

STUDENT NO.

EMBALMER NAME

EMBALMER SIGNATURE

EMBALMER SIGNATURE

STUDENTS SIGNATURE

#### 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:

*Herbert J. Gann Jr.*

Licensed Embalmer No. 48

STUDENTS SIGNATURE

EMBALMER SIGNATURE

P. O. Address: *Kirkwood*

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.