

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3055

FILED JAN 25 1957

STATE FILE NUMBER

155

92829-56

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>St. Louis, MISSOURI</b> TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b> 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. Louis City Hosp. #1</b>				Length of stay in lb		STREET ADDRESS (If outside, give location) <b>3120 Lemp Ave.</b> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Barry</b> Middle <b>Sansoucie</b> Last <b>Sansoucie</b>				4. DATE OF DEATH Month <b>Jan</b> Day <b>6</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>November 16, 1956</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>1</b> Months <b>20</b> Days <b>0</b> Hours <b>0</b> Min.	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Sidney Sansoucie</b>				14. MOTHER'S MAIDEN NAME <b>Lorraine Weigel</b>			
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 <b>Sidney Sansoucie 3120 Lemp Ave.</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>Meningitis, bacterial</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) <b>Pneumonitis, bilateral</b> INTERVAL BETWEEN ONSET AND DEATH _____							
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.) <b>340.1</b>			
20c. TIME OF INJURY Hour _____ a. m. _____ Month _____ Day _____ Year _____				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION <b>St. Louis</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>			
21. I attended the deceased from <b>1/5/57 1:55p.</b> to <b>1/6/57</b> and last saw her alive on <b>1/6/57</b> . Death occurred at <b>2:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <b>Arthur W. Neilson Jr. M.D.</b>			
22b. ADDRESS <b>1515 Lafayette</b>				22c. DATE SIGNED <b>1/7/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>				23b. DATE <b>1/9/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>				24. FUNERAL DIRECTOR <b>John H. Gebken Sons 2630 Gravois Ave.</b>			
25. DATE RECD. BY LOCAL REG. <b>JAN 7 1957</b>				26. REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>			

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. Gan Jr.* .....

Licensed Embalmer No. *48*

P. O. Address *Hickwood*

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