

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037347

FILED VS NOV 3 1959

Registration District No. 316

Primary Registration District No. —

Registrar's No. 413

STATE FILE NUMBER

UNDEED

1. PLACE OF DEATH a. COUNTY <u>Saint Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural St. Francois Twp</u>		Length of stay in 1b <u>2 weeks</u>		c. CITY OR TOWN <u>Flat River, Missouri</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic Hospital</u>				Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) <u>Monroe Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Alonzo</u> Middle <u>Frank</u> Last <u>Lalumondier</u>				4. DATE OF DEATH Month <u>October</u> Day <u>26</u> Year <u>1959</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>5/2/1879</u>	
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>80</u>		IF UNDER 24 HR Days <u>80</u> Hours <u>80</u> Min. <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner - yardmaster</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>lead</u>		11. BIRTHPLACE (City and state or country) <u>Bloomersdale, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Edward Lalumondier</u>	
13b. MOTHER'S MAIDEN NAME <u>Leah Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Alice LaPorte (deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-01-5663</u>	
17. INFORMANT <u>Lloyd Nicholas Lalumondier</u>		Address <u>Saint Louis, Missouri</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>uremia -</u>		DUE TO (b) <u>Cordis renal & vascular disease</u>		DUE TO (c) <u>Chronic nephritis</u>		10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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.		☐ 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 <u>6:15</u> a.m. <u>1958</u> 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	
20g. STATE		20h. DATE		20i. NAME OF CEMETERY OR CREMATORY		20j. LOCATION (City, town, or county)	
20k. DATE		20l. NAME OF CEMETERY OR CREMATORY		20m. LOCATION (City, town, or county)		20n. DATE	
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NOV 8 1959

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

Alvin W. Hook

Licensed Embalmer No. 2780

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.