

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38038

1. PLACE OF DEATH

County St. Louis Registration District No. 786 File No.
 Township Maplewood Primary Registration District No. 4464 Registered No. 55
 City Maplewood (No. 2531 Gerhardt Ave.) St. Ward)

2. FULL NAME Victor F. Laverdure.

(a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Almira Laverdure.

I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Nov 2, 1928, that I last saw him alive on Nov 2, 1928, and that death occurred, on the date stated above, at 6:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7, 1900

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE 27 YEARS MONTHS 9 DAYS 24 IF LESS than 1 day, hrs. or min.

Sarcoma.

8. OCCUPATION OF DECEASED 53D
 (a) Trade, profession, or particular kind of work Day Labor.
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer City of Maplewood, Mo

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Alfred Laverdure.

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 20th

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France. (STATE OR COUNTRY)

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Microscope

12. MAIDEN NAME OF MOTHER Hida Miller
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illionois (STATE OR COUNTRY)

(Signed) pm Brossard, M. D
Nov 3, 1928 (Address) Maplewood Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Almira Laverdure (Address) 2531 Gerhardt.

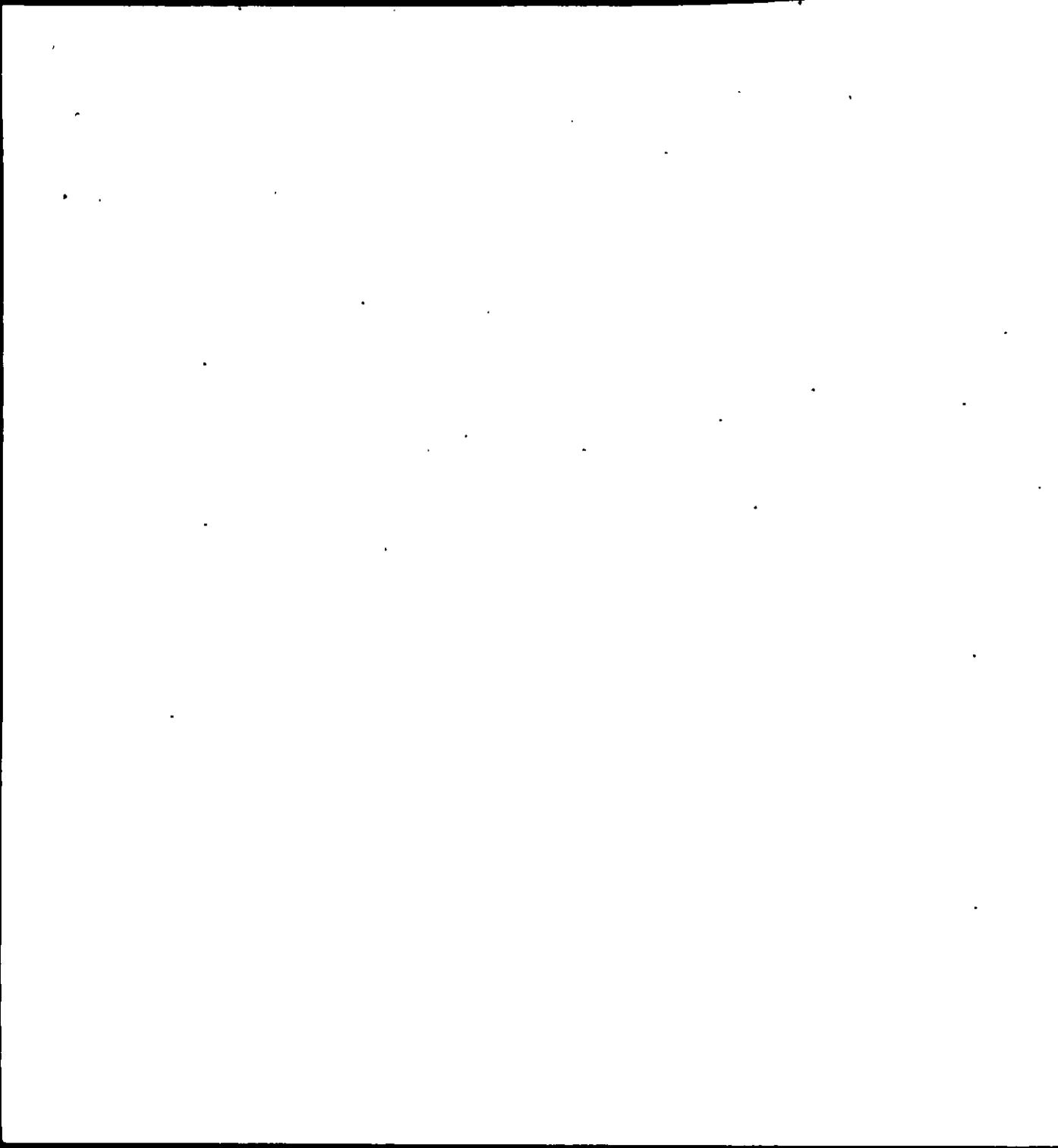
19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patera Cemetery. DATE OF BURIAL Nov 5 1928

15. FILED 11/3, 1928 Mercedys Salgado REGISTRAR

20. UNDERTAKER Bensiek-Nichau ADDRESS 1138 N6

CAUSE OF DEATH IN PINK LETTERS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1928



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County St. Louis Registration District No. 786 File No. 38038
 Township _____ Primary Registration District No. 4469 Registered No. 53
 City Maplewood (No. _____) St. _____ (Ward _____)

2. FULL NAME Victor F. Laverdure
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT (Address) _____

15. FILED 7/6 29 Mercedes Salazar REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV 2 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ since on _____, 19____, and that death occurred, on the date above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Sarcoma of tibia
 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Dr. Grossard, M. D.
July 9, 1929 (Address) Maplewood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-38038