

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

Do not use this space.
29748

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 4020 7th Ave)

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 8783
St. _____ Ward _____

2. FULL NAME Jacques J. Tavernier (Tavernier)

(a) Residence, No. 4020 7th Ave St. 17 Ward.

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1850

7. AGE YEARS 81 MONTHS 3 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Unk. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harden Ill

FATHER 13. NAME Jacques J. Tavernier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Jona Tavernier (ADDRESS) 4020 7th Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Campsville Ill DATE Aug 18 1931

19. UNDERTAKER Rose Middle (ADDRESS) St. Louis

20. FILED AUG 16 1931 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-9 1931, to 8-15 1931

I last saw him alive on 8-13-31 1931. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
465
95B4
133C
66
Other contributory causes of importance:
Cardiac complications
Kidney

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) Dr. J. H. Kennedy M. D.
(Address) 2305 So. Grand

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.

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

