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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1008~~ File No. 39621

Township ..... Primary Registration District No. ..... Registered No. 11833

City St Louis, Mo (No. City Infirmary St. ..... Ward)

2. FULL NAME Albert Lavoy

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 20 1866

7. AGE: 65 YEARS, MONTHS: 5, DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

FATHER
13. NAME ~~Albert Lavoy~~ McLenoun
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~[illegible]~~

MOTHER
15. MAIDEN NAME Martha Gihere
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa Canada

17. INFORMANT (ADDRESS) Marie Effinger 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis U DATE 11-25 1931

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutgers St

20. FILED Nov 27 1931 19 Max C. Parkley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1931, to Nov. 23, 1931

I last saw him alive on Nov. 23, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Chr. myocarditis — Date of onset prior to Aug 14 1930

93C
93
93

Other contributory causes of importance:

Senility
generalized arteriosclerosis

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? No
If so, specify .....
(Signed) Henry Dunst, M. D.
(Address) 5800 Arsenal St.