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.

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 File No. 3559

Township ..... Primary Registration District No. 1003 Registered No. 592

City St. Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME John Felix Papin

(a) Residence, No. 1128 Hamilton St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. druggist 161

10. Date deceased last worked at this occupation (month and year) Jan. 10, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

FATHER

13. NAME Jules G. Papin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

MOTHER

15. MAIDEN NAME Marie J. La Lumandier,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

17. INFORMANT (ADDRESS) Opal Papin 1128 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve, Mo DATE Jan. 14, 1937

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 1167 Hamilton Ave.

20. FILED JAN 14 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1937, 19

22. I HEREBY CERTIFY That I attended deceased from Aug 15, 1936 to Jan 13, 1936

I last saw him alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 145 m.p.

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

Cirrhosis Liver — Date of onset Aug 15 1936

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

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) C. C. Pasnell, M. D.

(Address) 4541 Delmar

JUL 26 1946