

FEB 16 1938

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

4046
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 96
 (b) Township Babine Primary Registration District No. 400 Altus Place Registered No. 84
 (c) City Kirkwood, Mo. (d) Street No. 400 Altus Place St. Mo.
 (e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 71 yrs. mos. ds.

2. PRINT FULL NAME

Malvina DesJardins 21.3
 (a) Residence, No. 400 Altus Place St. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip DesJardins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 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) Quebec, Canada

FATHER 13. NAME Alexis DesJardins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quebec, Canada

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Louis DesJardins 400 Altus Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora, Illinois DATE January 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. J. Robert 173 THEODORE R. MEYER BLDG. DEPT. 11

20. FILED 173 557 THEODORE R. MEYER BLDG. DEPT. 11 Kirkwood Mo.
 Deputy State Registrar Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 30, 1938, to Jan 11, 1938
 I last saw her alive on Jan 10, 1938. Death is said to have occurred on the date stated above, at 10.15 P. M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma pectus Date of onset 3 yrs
40

Other contributory causes of importance: acute cardiac dilatation

Name of operation Autopsy Date of Feb 1938
 What test confirmed diagnosis? Ch. for 1 yr 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? _____
 If so, specify _____

(Signed) Wm. J. Robert M. D.
 (Address) Kirkwood Mo.

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.

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02

STATEMENT BY LICENSED EMBALMER

I, W. J. Robert Licensed Embalmer No. 502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. J. Robert

Licensed Embalmer No. 502

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.)