

REC'D MAY 10 1938

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

12786
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1002 Registered No. 3390
(c) City St. Louis (d) Street No. Desloge Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Adèle Favereau 160
(a) Residence, No. 1139 Bayard Ave St. 12
(Usual place of abode, if no street address, write county or city) (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 Emile Favereau
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 — 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Boston Mass.

FATHER
13. NAME Emile Powell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Illinois

MOTHER
15. MAIDEN NAME Margaret Obery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Emily Favereau 1139 Bayard Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 4-16-38

19. FUNERAL DIRECTOR (ADDRESS) Walt Bro. & Co. 2929 S. Jefferson Ave.

20. FILED APR 11 1938 J. J. Thebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-6-38, 1938, to April 9, 1938.
I last saw him alive on 4-9-38, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:
acute overnutrition with Date of onset 4-7-38
reflux & Perforation cause
unknown

Other contributory causes of importance: 123

Name of operation Caesarian Date of 4-8-38
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Dr. M. J. Taylor, M. D.
(Address) 1215 No. Theatre Bldg. City

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

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.)