REC'D DEC 12 1938

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

37427
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 9754

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Jewish Hospital 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 230 Alexander Piaget
(a) Residence, No. 6011 Washington Blvd. St. 6
(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: Male
4. COLOR OR RACE: White
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) August 26, 1898.

7. AGE: Years 40 | Months 2 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Photographer
9. Industry or business in which work was done, as 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) Mexico 3

FATHER
13. NAME Guy A. Piaget
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La. 1

MOTHER
15. MAIDEN NAME Virginia Gomez
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 3

17. INFORMANT Paul Piaget
(ADDRESS) 6011 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Nov. 12, 1938

19. FUNERAL DIRECTOR Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.

20. FILED NOV 10 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Nov. 10th, 1938
I last saw him alive on Nov. 10th, 1938. Death is said to have occurred on the date stated above, at 8:30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia,	
Cardio-reno-vascular disease,	10/1/38
Hypertension,	
Arteriosclerosis	

Other contributory causes of importance:
Lues.

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) M. E. Baron, M. D.
(Address) 4501 Laclede

(Licensed Embalmer's Statement on Reverse Side)

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.

F-X12604

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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 Stanley Marchlewski

Licensed Embalmer No. 2868

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.)