

Registration District No. **791** Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital
(d) Length of stay: in hospital or institution
In this community _____ years, months or days

3. (a) PRINT FULL NAME LeVerno Joseph
(b) If veteran, name war No (c) Social Security No. no

4. Sex Open 5. Color of race W.
6. (a) Single, widowed, married, divorced no
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 7 - 1940

8. AGE: Years _____ Months 17 If less than one day _____ hr. _____ min.

9. Birthplace Mo - (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Weschnaw Joseph
13. Birthplace Mo
14. Maiden name Erma Joseph
15. Birthplace Mo

16. (a) Informant Erma Joseph
(b) Address 1316 Central St.

17. (a) _____ (b) Date thereof Dec 27 40
(c) Place: burial or cremation S. Matthews

18. (a) Signature of funeral director Thomas Madle
(b) Address 7420 Michigan Ave

19. (a) DEC 27 1940 (b) J. N. Brudick
(c) _____ (d) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 1316 Central St.
(e) Attending Physician years.

20. DATE OF DEATH: Month 12 day 26
year 1940 hour 9:25 minute _____
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis
Due to _____
Due to Heart
Other conditions Heart
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 12/26/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Olevis E. Penick*

Licensed Embalmer No. *4148*

P. O. Address..... *744 Quincy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.