

14-40
7-39
X23159

43805

State File No. _____

ED JAN 8 1941

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 2401

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Florissant Mo.

(c) Name of hospital or institution: Route 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days _____

3. (a) PRINT FULL NAME Angelina Lajuenesse

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 7, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Henry Honkomp

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Angelina Kneleang

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Lajuenesse

(b) Address Florissant Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/40.
(Month) (Day) (Year)

(c) Place: burial or cremation Florissant Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) DEC 20 1940 (Date received local registrar)

(b) R. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co.

(c) City or town Florissant Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1940 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 4 1940 to Dec. 17 1940 that I last saw her alive on Dec 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Interstitial Nephrosis

Duration _____

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 J. E. Adams (M. D. or other) _____

Address Florissant, Mo. Date signed Dec 18 1940

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

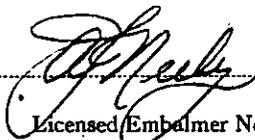
MOTHER FATHER

*Dr. F. C. Ahrens
Florisant, Mo.*

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.....


Licensed Embalmer No..... No. 3225

P. O. Address..... 1125 Hodiamont Ave

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.)

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