

FILED MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2704^a Grouble St (Specify whether years, months or days)

8. (a) PRINT FULL NAME JANE LEMOYNE

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife JAMES LEMOYNE 6. (c) Age of husband or wife if alive 6 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt: 75 6 6 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Eliza Freeman

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

16. (a) Informant's own signature Josephine Hill

(b) Address 2707 Stoddard St

17. (a) Removal (b) Date thereof 4 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 4 Little Rock Ark

18. (a) Signature of funeral director A. F. Weston

(b) Address 2707 Stoddard

19. APR 27 1941 (Date received local registrar) (b) J. H. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006
(c) City or town St Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 2704^a Grouble St
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
year 1941 hour 4:30 P.M. minute _____

21. I hereby certify that I attended the deceased from _____, 1941 to _____, 1941
that I last saw him alive on 4/24/41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 10 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 83

Major findings: Of operations _____

Of autopsy 826

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 0

23. Signature W. E. Bogart (M. D. or other) _____

Address 4321^a Boston Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 _____
William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2114

P. O. Address: _____

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, above space should be left blank.