

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAY 13 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13986

State File No. \_\_\_\_\_

Registrar's No. 468

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2607 Penn Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2607 Penn Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Emile Lafayette Poirier

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased December 14 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Clerk of Grand Island Railway

12. Name Constant Poirier

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

14. Maiden name Sofia Verguest

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

16. (a) Informant Lisle C Poirier

(b) Address St. Joseph, Missouri

17. (a) burial (b) Date thereof April 30, '41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Memorial Park Cemetery  
St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffe

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 4-30-1941 (b) H. J. Nesthus  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1941 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from November 22, 1937 to April 8, 1941, that I last saw him alive on April 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio sclerosis

Due to Arterio-sclerosis general

Due to

Other conditions (Include pregnancy within 3 months of death)

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 85 (Specify type of place) (e) Means of injury

Signature [Signature] (M. D. or other) M.D.  
Address Phys. & Surg. Bldg. T. JOSEPH Date signed 4-29-41

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

MOTHER FATHER

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**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.....

*Oby J ester*

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

**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.**