

No. 2
4-13-40
5-17-39
X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32575

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1866

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Gravois Twp. Apton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8149 Gravois Ave. Miller N. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3114 Roma Place.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 40 yrs. years.

3. (a) PRINT FULL NAME Albert A. Lussier
(b) If veteran, name war _____
(c) Social Security No. 497-01-9705

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 8
year 1941 hour 7 minute 30 AM.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife not known
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 6 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/28/41
_____, 19____, to 9/8/41, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 5 2 _____ hr. _____ min.

Immediate cause of death
Carcinoma of Left Lung 872 mm.
Duration _____

9. Birthplace St. Pie Canada
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Foreman
11. Industry or business Steel

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Joseph Lussier
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Jeanne Cote
(b) Address 3114 Roma Pl.
17. (a) Burial (b) Date thereof 9-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation N. S. S. Peter & Paul

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?

18. (a) Signature of funeral director John J. Jagerhagen
(b) Address 7027 Gravois Ave.
SEP - 9 1941
19. (a) _____ (b) E. J. McCarroll
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
(c) Means of injury _____
23. Signature Paul B. Wolfe (M. D. or other) MD
Address 3467 Montgomery Date signed 9/9/41

1500⁰²
~~1500~~

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..... *C. P. Kidwell*.....
Licensed Embalmer No..... *3877*.....
P. O. Address..... *7027 Grand*.....

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.