

Registration District No. 791

Primary Registration District No. 1003

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 2612 A.S. ST. ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME JOSEPH A. LAMOURE.
3. (b) If veteran, name war NO.
3. (c) Social Security No. NO.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLED
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY 20 1897
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 4
If less than one day
hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business.....
12. Name EDMOND LAMOURE
13. Birthplace CANADA
(City, town, or county) (State or foreign country)
14. Maiden name HATTIE PROVE
15. Birthplace CANADA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rosalie Sengler
(b) Address 907 B. 11th ST.

17. (a) BURIAL (b) Date thereof OCT. 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schuur
(b) Address 3125 Lafayette Av.

19. (a) OCT 27 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 1723
(If outside city or town limits, write "RURAL")
(d) Street No. 2612 A.S. ST. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 24
year 1941 hour 6 minute 50 P.M.

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 Broncho Pneumonia with multiple abscesses; probable Tuberculosis.
Duration

Due to.....
Due to.....
Other conditions 136
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy 23
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) (Means of injury)
23. Signature Walter Perry (M. D. or other) 3
Address Lafayette Av. Date signed 10/27/41

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.....

Joseph B. Volkmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette 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.