V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12000

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 833

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: Jeffersnn Barracks, (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Station Hospital, Jefferson Barracks, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Twenty-four days (Specify whether years, months or days) In this community: One year Six months.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: 999

(c) City or town: Keewane (If outside city or town limits, write "RURAL") 11

(d) Street No.: 11-11 Rockwell St. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country:

3. (a) PRINT FULL NAME: DENNY F. LeBLANC

3. (b) If veteran, name war: - - - - - - -

3. (c) Social Security No. - - - - -

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: September (Month) 12 (Day) 1915 (Year)

8. AGE: Years 26 Months 7 Days 1 If less than one day - - hr. - - min.

9. Birthplace: Madisonville (City, town, or county) La. (State or foreign country) 1

10. Usual occupation: Soldier

11. Industry or business: United States Army.

FATHER 12. Name: Unknown

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

MOTHER 14. Maiden name: Unknown

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

16. (a) Informant: Clinical Record Capt. Ty Taylor

(b) Address: Sta. Hosp. Jeff. Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: APRIL 14-th (Month), (Day) (Year)

(c) Place: burial or cremation: KEWANEE, ILLINOIS

18. (a) Signature of funeral director: [illegible]

(b) Address: 7814 S. [illegible]

19. (a) APR 14 1942 (Date received local registrar) (b) E. H. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day Thirteenth year 1942 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 20, 1942, to April 13, 1942 that I last saw him alive on April 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Liver, atrophic cirrhosis of severe.

Due to: Acute Catarrhal Jaundice.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: Confirmed above.

Duration

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? (Specify type of place)

While at work: (e) Means of injury:

23. Signature: ROBERT C. WINTER MC (M. D. or other)

Address: Registrar, Sta. Hosp. J.B. Date signed: 4.14.42

707 (Licensed Embalmer's Statement on Reverse Side)

MAR 15 1950

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. Louis C. Hoffmeister

Licensed Embalmer No. 3831

P. O. Address 7814 S. Broadw

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.