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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19022

Registration District No. 1934 Primary Registration District No. 11 Registrar's No. 1212

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: Richmond Heights Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Two Weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. L.

(c) City or town: Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No.: 672 Marshall
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Tlesfore Le Brune

3. (b) If veteran, name war: No.

3. (c) Social Security No. 497-16-7610

4. Sex: Male

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: Oct. (Month) Oct. 15th (Day) 1870 (Year)

8. AGE: Years 71 Months 7 Days 16 If less than one day hr. min.

9. Birthplace: Chicago Ill (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Machinist

11. Industry or business

FATHER
12. Name: Charles Le Brun
13. Birthplace: Belgium 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Marie Louis
15. Birthplace: Belgium 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Josephine Kalb
(b) Address: 672 Marshall Ave. Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Chicago Illinois

18. (a) Signature of funeral director: Jay R. Smith
(b) Address: 7451 Manchester

19. (a) MAY 31 1942 (Date received local registrar) (b) C. D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 7P minute 50 A.M.

21. I hereby certify that I attended the deceased from May 19, 1942 to May 31, 1942 that I last saw him alive on May 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration

Due to: B/C

Due to: Prostatic hypertrophy

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

Major findings: Urinary extravasation

Of operations: Prostatic hypertrophy urinary extravasation

Of autopsy: Same as above

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: 0

23. Signature: [illegible] (M. D. or other)

Address: 1010 Paul Brown Bldg. Date signed: 5/31/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4029

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, fact should be so stated above.