

FILED NOV 16 1942

State File No. _____
Registrar's No. 9264

Registration District No. 318

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 7 Days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Paul Bievenue

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

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Bievenue

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 13, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Prairie Du Rocher, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Frank Biovenue

13. Birthplace _____ Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____ Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Bievenue

(b) Address 5866 Elmbank Ave.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof Nov. 7, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Prairie Du Rocher, Ills.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge

19. (a) NOV 6 1942
(Date received local registration)

(b) J. F. Prudeck
(Registrar's signature)

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")

(d) Street No. 5866 Elmbank
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1942 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from October 30, 1942 to November 5, 1942
that I last saw him alive on November 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Essential Hypertension

Due to _____

Due to _____

Other conditions acute Bronchitis
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy as found

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) (e) Means of injury

23. Signature Drew M. Petersen (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 11/5/42

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.....

John A. Melina....., Registered Apprentice No.
working under my personal supervision.

Signed *John A. Melina*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis Mo.*.....

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.