V. S. No. 2
M—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 DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38038

State File No.

Registration District No. 7824 Primary Registration District No. 101 Registrar's No. 2295

96
23
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County - D.O.A.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Rhode Island (b) County 999 37 0
(c) City or town Providence
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mary Danish Hembree
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lloyd Hembree
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased October (Month) 6 (Day) 1915. (Year)

8. AGE: Years 27 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Pawtuckett, (City, town, or county) Rhode Island (State or foreign country)
10. Usual occupation n. W.
11. Industry or business

FATHER
12. Name Arthur Lefreniere,
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lloyd Hembree,
(b) Address Providence, Rhode Island.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/42 (Month) (Day) (Year)
(c) Place: burial or cremation Providence, R. I.
18. (a) Signature of funeral director LOUIS H. BOPP, Inc.
(b) Address Kirkwood, Mo.
19. (a) NOV 4 - 1942 (Date received local registrar) (b) C. J. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2 year 1942 hour 6 minute P M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Result of colliding with a St. Louis County Hiway (truck white) riding as
~~Due to~~ a passenger in auto on a public highway
Due to Multiple fractures of skull

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

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) Accd
(b) Date of occurrence Nov. 2 1942
(c) Where did injury occur? 66 & Halls Ferry Rd. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury 2
23. Signature John M. Meyer Deputy Coroner (M.D. or other)
Address Kirkwood, Mo. Date signed 11/3/42

101 (Licensed Embalmer's Statement on Reverse Side)

DEC 2 2 1942

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood 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.