

S. No. 2  
4-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

489  
State File No. 914  
Registrar's No.

FILED FEB 4 1943 318

Registration District No. Primary Registration District No. 1003

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 4 Days (Specify whether  
In this community 36yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1926 Chouteau Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Alice A. Le Vette  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 25, 1874  
(Month) (Day) (Year)  
8. AGE: Years 68 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.  
11. Industry or business Nil.

12. Name Albert LeVette  
13. Birthplace France  
(City, town, or county) (State or foreign country)  
14. Maiden name Augusta Ferris  
15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann P. Morrison  
(b) Address St. Louis City Hospital  
17. (a) Anatomical Board (b) Date thereof 1-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis, Mo.  
18. (a) Signature of funeral director J. Bredeck  
(b) Address 3100 Putnam  
19. (a) JAN 29 1943 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1  
year 1943 hour 5:30 minute A. M.  
21. I hereby certify that I attended the deceased from December  
29, 1942 to January 1, 1943  
that I last saw her alive on January 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Bronchial Asthma  
Due to.....  
Due to.....  
Other conditions (include pregnancy within 3 months of death) 11/2

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy Anatomical Board  
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 Louis G. Needoff, M.D.  
Address 1515 Lafayette Avenue Date 1/2/43

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

MOTHER FATHER

**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.....  
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.**