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

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED JUL 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21694

State File No.

Registration District No. 161 | Primary Registration District No. 5594 | Registrar's No. 15-73

1. PLACE OF DEATH:
(a) County: ~~ST JOSEPH HILLS~~ JEFFERSON
(b) City or town: Rural Mermac Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOSEPHS HILLS. Mermac Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Mo. 27 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: JEFFERSON
(c) City or town: ST. LOUIS RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: 5819 EASTON AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EMERY LAFEVIVE
3. (b) If veteran name war: CANADIAN ARMY WORLD WAR
3. (c) Social Security No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: MARY PEPPAN
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: APRIL (Month) 26 (Day) 1872 (Year)

8. AGE: Years 71 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace: CANADA (City, town, or county) (State or foreign country) 2
10. Usual occupation: NONE
11. Industry or business: "

FATHER
12. Name: EARL LAFEVIVE
13. Birthplace: CANADA (City, town, or county) (State or foreign country) 2

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: " CANADA (City, town or county) (State or foreign country) 2

16. (a) Informant: Brother Patrick
(b) Address: St Joseph Hill
17. (a) Burial, cremation, or removal: BURIAL (b) Date thereof: 6-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY
18. (a) Signature of funeral director: Cullen & Kelly
(b) Address: 1416 N. Taylor ave.
19. (a) Date received local registrar: 2 Jul 1943 (b) James A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2 ~~1943~~ year 43 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to 6-2, 19 43
that I last saw him alive on 5-31, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-Pneumonia — Duration
Due to: Arterio-Sclerotic Cardio-Vascular Disease
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

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: Allen McNearney (M. D. or other)
Address: 4 Regalme Drive Date signed: 6-4-43

(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 James A. Lammers

Licensed Embalmer No. 1742

P. O. Address St. Louis

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.