

LED SEP 4 1943

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1963

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
820 S Steyer Rd 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 820 S Steyer Rd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Leon Vaucher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Kate Vaucher
6. (c) Age of husband or wife if alive See years
7. Birth date of deceased Apr 25 - 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business U.S. Post Office

12. Name Frederick Vaucher &

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

14. Maiden name Bertha Andrea

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Douglas

(b) Address 8907 Eagle Rd Crestwood Mo

17. (a) Burial (b) Date thereof 8-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nalballa Cem

18. (a) Signature of funeral director Louis H. Gopp Inc

(b) Address Kirkwood Mo

19. (a) AUG 28 1943 (b) E. J. Mc Gary, MD
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from May 12, 1942
_____ 19 _____ to Aug 26 1943.
that I last saw him alive on Aug 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation Duration 1 day

Due to Carcinoma of rectum 6 mos

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above H&D
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? _____

While at work? _____ (Specify type of place) () Means of injury _____

23. Signature R. P. Whelie (M. D. or other MD)
Address Kirkwood, Mo Date signed 8/27/43

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

16
4
3

207
9/4/43

SEP 17 1943

SEP 2 1943

SEP 10 1943

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.