

SEP 21 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8070

1. PLACE OF DEATH: St. Louis, Missouri
 (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:
Alexian Brothers Hospital
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution Mo. 7 Days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Rev. Alphonse Locke Maureau
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race W 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 28th, 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 12 7 15 min.

9. Birthplace New Orleans Louisiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Clergy

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant's own signature Pre. Ephraim Schaeck

(b) Address 3933 So. Broadway, St. Louis

17. (a) Removal (b) Date thereof 9-10-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Courbeau, La.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 7840 Lindell Blvd.

19. (a) SEP 21 1943 (b) J. H. Bredt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Alabama (b) County Springhill
 (c) City or town Mobile
 (If outside city or town limits, write "RURAL") N.R. 0
 (d) Street No. Springhill Colledge
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 4 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th
 year 1943 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 3, 1943, to Sept 10, 1943, that I last saw him alive on Sept 9, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Pleural Effusion

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 17
 Of operations _____

Of autopsy _____

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 Kluebers (M. D. or other)

Address 325 Travis Bldg. S.W. Date signed 7/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Gurdell

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, above space should be left blank.