

FILED JAN 20 1948
Registration District No. 1003

State File No.

Primary Registration District No. 1

Registrar's No. 130

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2502 Grover Pl.
(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.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2502 Grover Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles F. LaJeunesse.

3. (b) If veteran, name war..... No..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Malinda LaJeunesse 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Aug. 16, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 20 hr. min.

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

10. Usual occupation..... Retired Farmer

MOTHER FATHER 11. Industry or business.....

12. Name..... Charles LaJeunesse
13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)
14. Maiden name..... Frances LaJeunesse
15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Ignatius LaJeunesse
(b) Address..... 2502 Grover Pl.

17. (a) Burial (b) Date thereof Jan. 8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Ferdinand Cem.

18. (a) Signature of funeral director..... Jos. W. Clark

(b) Address..... 1125 Hadjiamont Ave.

19. (a) JAN 6 1948 (b) J. F. Breisch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan...... day..... 5.....
year..... 1944..... hour..... 6.00..... minute..... P.M......

21. I hereby certify that I attended the deceased from Jan 5 1944
to Jan 5 1944
that I last saw him alive on Jan 5 1944
and that death occurred on the date and hour stated above.
Immediate cause of death..... Coronary Sclerosis

Due to..... Just Arterio-Sclerosis

Due to.....

Other conditions..... Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
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)
(b) Means of injury.....

23. Signature..... Marie Gene (M.D. or other)
Address..... 1492 Hadjiamont Date signed..... 1/6/44

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

Dr. Bone
1492 Hodiement Ave.,
1-4 7-8 P.M.

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.....

W E Morris

Licensed Embalmer No. 3360

P. O. Address..... 1125 Hodiement Ave

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.