

S. No. 2
OM-2-43
v. 5-17-39
-I X35897

35654

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 10174

FILED DEC 9 1944
Registration District No. 318

Primary Registration District No. _____

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:
Little Sisters of the Poor,
3400 So. Grand Ave.,
(If outside 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 Missouri, (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Ave.,
(If rural, give location) 16
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sister Hilaire Josephine (Beppo)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th
year 1944 hour 2: minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 26 1944 to Nov 28 1944
that I last saw her alive on Nov 28 1944
and that death occurred on the date and hour stated above.
Immediate cause of death: Acute Lobar Pneumonia
Duration 4 days

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

7. Birth date of deceased June 29, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

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

Due to _____
Due to Arterio Sclerosis
Other conditions (include pregnancy within 3 months of death) _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Religious,

11. Industry or business Little Sisters of the Poor,

12. Name Pierre Beppo,

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

14. Maiden name Angelique Leuzit,

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

16. (a) Informant Sister Ste. Ludivine,
(b) Address 3400 So. Grand Ave.,

Major findings: Of operations _____
Of autopsy _____

17. (a) Burial, (b) Date thereof 11/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery,

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? _____

18. (a) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,
19. (a) NOV 29 1944 (Date received local registrar) (b) J. F. Buddecke (Registrar's signature)

23. Signature J. F. Buddecke (M. D. or other) Address 607 No. Grand Date signed 11/29/44

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

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Embalmer's separate Cert. filed

NOV 29 1944

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.