V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15335

FILED MAY 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4362

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: Brown Nursing Home 5564 Cabanne (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs 4 (Specify whether

In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006

(a) State Missouri (b) County 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12

(d) Street No. 5154 Kensington (If rural, give location)

(e) Citizen of foreign country? 0 (~~Yes~~ or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Lihou

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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 2 (Month) 26 (Day) 1866 (Year)

8. AGE: Years 79 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Guernsey (City, town, or county) Channel Islands (State or foreign country)

10. Usual occupation Dept. Mgr. 0

11. Industry or business Simmons Hardware Co.

FATHER
12. Name Nicholas Lihou 8
13. Birthplace Guernsey (City, town, or county) Channel Islands (State or foreign country)

MOTHER
14. Maiden name Marie De Garis
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant H. G. Lihou

(b) Address 5154 Kensington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 (Month) 16 (Day) 1945 (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Verander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAY 10 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1945 hour 2 PM minute — M.

21. I hereby certify that I attended the deceased from Oct 31st 1940, to May 15 1945 that I last saw him alive on May 10th 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary block	few minutes
Coronary arteriosclerosis	5 yrs
Due to General arteriosclerosis	10 "
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94

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 0

23. Signature [signature] (M. D. or other)

Address 3903 Rich St Date signed May 16 45

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 16 1945

JUN 16 1945

NOV 6 1945

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 Thomas R. Tenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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.