

FILED FEB 18 1946

Registration District No. _____

Primary Registration District No. 3066

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16
4
3
5922

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:
551 N. Harrison Ave
(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 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 551 N. Harrison 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE LALUMANDIERE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Marcel 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 16 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name David Byrd

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

14. Maiden name Margaret Jenkins

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

16. (a) Informant Martin La Lumandiere

(b) Address 551 N. Harrison

17. (a) Burial (b) Date thereof Feb 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem

18. (a) Signature of funeral director L. H. Bufford

(b) Address Kirkwood, Mo.

19. (a) 2-15-46 (b) W. M. Sawyer M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 1946
year 1946 hour 9:45 minute 2 M.

21. I hereby certify that I attended the deceased from Sept 1 1945 to 2-13 1946;
that I last saw him alive on 2-12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2-3-46

Due to 47 yr

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) (e) Means of injury

23. Signature C. E. Barnett (M. D. or other) 0
Address 243 W. Jefferson Date signed 2/12-46

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..... *Van M. Szemor*
Licensed Embalmer No. *4343*
P. O. Address. *7415 3rd Ave Pl
Mantoloking NJ*

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.