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**FILED MAR 6 1946** STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1774**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 6 days  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town Vandalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 604 N. Fifth Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Reynold A. Le Doux

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Anna T. 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased June 7 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 8 12 hr. min.

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

10. Usual occupation Ret. School Teacher

**11. Industry or business**

12. Name Matt LeDoux  
13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Ratherine Wolf  
15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna T. Le Doux  
(b) Address 1175 S. Downing, Denver Colo  
17. (a) Removal (b) Date thereof 2-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Vandalia, Illinois

18. (a) Signature of funeral director Alexander T. Egan  
(b) Address 6175 Delmar Blvd.  
19. (a) FEB 22 1946 (b) J. F. Bueck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 19th  
year 1946 hour about 7:30 minute A. M.  
21. I hereby certify that I attended the deceased from 2/13/46  
19 to 2/19/46 19  
that I last saw him alive on 2/18/46 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chr with bundle branch block

Due to enlargement of the liver with passive congestion  
Due to intestinal hemorrhage because of passive congestion

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: no operation  
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) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature C. H. Nelson (M. D. number) 0  
Address 306 Humboldt Bldg. Date signed 2/20/46

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

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N.R.!!  
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**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. Penwick*

Licensed Embalmer No.....  
*3793*

P. O. Address.....  
*6175 Belmar*

**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.**

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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

3. (a) PRINT FULL NAME Reynold A Le Roy  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife ama 6. (c) Age of husband or wife if alive \_\_\_\_\_  
7. Birth date of deceased June 21 1908

8. AGE: Years 68 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(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?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Date signed \_\_\_\_\_

SUPPLEMENTARY

J. F. Brebeck  
MAR 23 1946

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

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