

STANDARD CERTIFICATE OF DEATH

State File No. **11150**

**3-26-1946**  
**FILED MAR 30 1946**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **2686**

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

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: City Hospital No 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT Louis E. Gendron.  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 493-09-5415

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret E. Gendron. 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased September 22, 1887.  
(Month) (Day) (Year)

8. AGE: 5-8 59 Years Months Days If less than one day  
5 25 hr. min.

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

10. Usual occupation Laborer.

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

MOTHER FATHER { 12. Name Luke Gendron.

13. Birthplace Chester, Illinois!  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Durose.

15. Birthplace Chester, Illinois!  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret E. Gendron.

(b) Address 1328a N. 19th. Street.

17. (a) Burial (b) Date thereof 3-21-1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) MAR 21 1946 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 2117  
(If outside city or town limits, write "RURAL")

(d) Street No. 1328a North 19th. Street. 9  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th.  
year 1946 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 \_\_\_\_\_  
Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Stroke  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Patricia E. Taylor M.D. (or other) \_\_\_\_\_  
Address Reg. Co. Date signed 3/23/46

Coroner of St. Louis

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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 *Clement M. Neary*  
Licensed Embalmer No. *3732*  
P. O. Address *St. Louis*

**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.**