

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED MAR 14 1947
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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:
6228 Fauquier Dr. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 5-17
 (d) Street No. 6228 Fauquier Dr.
(If rural, give location) 9
 (e) Citizen of foreign country? No. (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Louise D. Reader

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 W. 2

6. (b) Name of husband or wife Charles H. 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased June 15 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1947 hour 6: minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 28, 1947, to Mar 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia
 Duration 3 days

8. AGE: Years 85 Months 8 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Baton Rouge, La. (City, town, or county) (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business _____

12. Name Louis Du Plex

13. Birthplace France (City, town, or county) (State or foreign country) 5

14. Maiden name _____

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

16. (a) Informant Mrs. J. Ray Brashear
 (b) Address 6228 Fauquier Dr.

17. (a) burial (b) Date thereof 3-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Bonard
 (b) Address 6175 Delmar

19. (a) Mar 4 1947 (b) J. F. Bredbeck
(Date filed local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: none
 Of operations _____

Of autopsy none

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)

23. Signature O. E. Gilliland (M. D. or other) MD
 Address 7270 North Bridge Date signed 3/4/47

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 L. Lemrick

Licensed Embalmer No.

3793

P. O. Address

6175 Helman

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.