3. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15338

FILED MAY 9 1947 #70475

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1340

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St.Louis City Hospital-Max C. Starkloff Memorial
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 104 North Clay St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ARMOND LEMINEUX

3. (b) If veteran, name war U.S.Army

3. (c) Social Security No. 490-12-9829

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 3 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	24	hr. min.

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

10. Usual occupation Laborer

11. Industry or business V.K. Bus Line

FATHER
12. Name Dont Know
13. Birthplace Dont Know
(City or town) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. David O'Rourke.
(b) Address Overland ,Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- 29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) APR 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1947 hour 4:25 minute A M.

21. I hereby certify that I attended the deceased from 4/27/47, 19, to April 27th, 19 47 that I last saw him alive on April 27th, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of the kidneys	
Due to Pulmonary tuberculosis, for advanced	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (c) Means of injury

23. Signature L. D. Gregory (M. D. or other)

Address 1515 Lafayette Date signed 4/28/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Fred Frick

Not Embalmed

Licensed Embalmer No. 3186

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.