

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19077**
Registrar's No. **4931**

Registration District No. **318** Primary Registration District No. **1003**

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: **Mo. Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town _____
(d) Street No. **3162 O'Hara Drive**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **Louis J.B. LePage**
(b) If veteran, name war **None**
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **15**
year **1947** hour **1** minute **10** A. M.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
(b) Name of husband or wife **Clara**
(c) Age of husband or wife if alive **Doc.** years
7. Birth date of deceased **Sept 10 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 16**
19 **46** to **May 15** 19 **47**
that I last saw him alive on **May 15** 19 **47**
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **8** Days **5**
If less than one day _____ hr. _____ min.

Immediate cause of death **Chr. Myocarditis**
Due to **arterio sclerosis**
Chr. nephritis
Duration **5 mo**
1 2 mo

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

Other conditions (Include pregnancy within 3 months of death) **12/11**

10. Usual occupation **Meat Cutter**

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Mary Godlar**
15. Birthplace **Unknown**

16. (a) Informant **Louis E. LePage**
(b) Address **8674-North Ave St. Johns, Mo.**

17. (a) **Removal** (b) Date thereof **5-17-1947**
(c) Place: burial or cremation **Mascoutah, Ill.**

18. (a) Signature of funeral director **Baumann Bros. Inc**
(b) Address **2504-Woodson Rd-Overland-14-Mo.**

19. (a) **MAY 16 1947** **J. F. Bredeen**
(Date received local Registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Stewart D. Bell** (M. D. or other) **WA**
Address **8924 St. Charles Rd** Date signed _____
(Specify type of place) (e) Means of injury _____

WRITE PLAINLY—USE 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 *Don Marler*
Licensed Embalmer No. *4430*
P. O. Address *Overland, 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.