

FILED JUL 23 1948
Registration District No. 318

State File No.

Primary Registration District No. 1003

Registrar's No. 6349

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..... St Lukes 0
(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 Eva A. La Faivre

3. (b) If veteran,

name war..... No

3. (c) Social Security No.

None

4. Sex..... Female
5. Color or race..... White

6. (a) Single, widowed, married, divorced, widow? Widow

6. (b) Name of husband or wife..... Harry La Faivre

6. (c) Age of husband or wife if alive..... 11 years 1869

7. Birth date of deceased..... Nov 11 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 8 5

.....hr.min.

9. Birthplace..... Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Dressmaker

11. Industry or business.....

12. Name..... Unk

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

14. Maiden name..... Unk

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

16. (a) Informant Maj Evers

(b) Address 4614 Richards

17. (a) Burial (b) Date thereof 7-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portage Des Sioux

18. (a) Signature of funeral director F M Williams

(b) Address 4535 Washington

19. (a) JUL 18 1948 (b) J. J. Dredech
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town..... Richmond Heights 76
(If outside city or town limits, write "RURAL")

(d) Street No. 1509 Bellevue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 11.30 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 15 1948 to July 16 1948
that I last saw her alive on July 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral hemorrhage 15 mo

Due to Cardio-renal-Vascular disease 20 yrs

Due to.....

Other conditions..... 1/21
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsies.....

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?..... (e) Means of injury.....

23. Signature Edwin P. Meiner (M. D. or other) MD

Address 6657 Enright Ave Date signed 7-18-48

PHYSICIAN

Underline the cause of death should be charged statistically.

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 Albert G. Kappa
Licensed Embalmer No. 2971

P. O. Address.....

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.