T. PLACE OF DEATH a. COUNTY B. CITY (II certified corporate limits, write RURAL and give township) C. LENGTH OF OR TOWN St. LOUIS G. FULL NAME OF (II not in hospital or institution, give street address or location) INSTITUTION FIRMIN Desloce Hospital S. SEX O. SIRET O. COUNTY C. CITY (II certified Publics, write RURAL and give township) O. SIRET O. STRET O. COUNTY O. CITY (II certified Publics, write RURAL and give township) O. SIRET O. SIRET O. CITY (II certified Publics, write RURAL and give township) O. SIRET O.	ביים ביים	, ~	THE DIVISION OF HE		18	0.0	
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24a. BURYAL, CREMA- TION, REMOVAL (Beauty) JULY 25/5 3 St. Mathieux Gew. Butes & Sunty Shring Modern REG. Process Signature Buryal Process Signature Buryal Registraré Signature Buryal Registraré Signature Buryal Registraré Signature Buryal Buryal Registraré Signature Buryal Buryal Process Signature Buryal Bur		<u> </u>			# 1 /1		
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Gentled Embalmer's Statement on Reverse Sides 100	REG	J. Ear	I Smith Mind	Bull-Barre	pho Martin	my 5/65 Rel	was
	<u> بىلىتىل تا يىلىلى</u>	0	& Pilicented Embalmer's	Statement on Reverse Side		10	er

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of the	his certificate was embal	ned by me, or by
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orking under my personal supervision.	· \		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

Student Embalmer

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.