

SEP 25 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

31557

1. PLACE OF DEATH

County St. Louis Registration District No. 1160 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4470 Registered No. 98  
City University City, (No. 7216 Lindell Blvd) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Armond F. Alphonse

(a) Residence, No. 7216 Lindell Blvd. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice Alphonse

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1867

8. AGE YEARS 66 MONTHS 10 DAYS 4 If LESS than day, hrs. or min.

9. Trade, profession, or particular kind of work done, as specialist, lawyer, bookkeeper, etc. House Detective

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Finans Ban Co

11. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

13. NAME Cropper Alphonse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Louise Redon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mrs. Beatrice Alphonse (ADDRESS) 7216 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL Walhalla Cem. DATE Aug. 17, 1934

19. UNDERTAKER Pos. W. Clark (ADDRESS) 1125 Hadriamont Ave

20. FILED Aug 15 1934 Lea T. Moller Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934, to Aug 13, 1934

I last saw him live on Aug 12, 1934. Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

Heart Stroke Aug 13-34  
191  
23 A  
59  
MI  
305

Other contributory causes of importance:  
Pulmonary Tuberculosis  
and Diabetes

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify W. H. Freudenstein (Signed) \_\_\_\_\_, M. D.

(Address) 4030 Chouteau

W. H. Freudenstein 4030 Chouteau Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE LIVING, WITH ONFADING INK—THIS IS A PERMANENT RECORD

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OCCUPATION FATHER MOTHER

