

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.

Registration District No. 780 Primary Registration District No. 4466

1. PLACE OF DEATH:
(a) County STE. GENEVIEVE FILED FEB 10
(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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 FRANK B. AMOUREUX 502
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race COLORED 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ALICE NELSON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased UNKNOWN 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>			hr. _____ min.

9. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____
12. Name FELIX AMOUREUX
13. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)
14. Maiden name MARY BOYINGTON
15. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature F. B. Amoureux
(b) Address 443 S. Brighton Ave
17. (a) BURIAL (b) Date thereof JAN 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE, MO.
18. (a) Signature of funeral director J. C. Baskin
(b) Address Ste. Genevieve, Mo. 64501
19. (a) Jan 24/40 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 23
year 1940 hour _____ minute 54 M.
21. I hereby certify that I attended the deceased from JAN. 22
_____, 1940, to JAN 23, 1940,
that I last saw him alive on JAN 22, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to _____
Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Arthur E. Sawyer (M. D. or other) M.D.
Address Ste. Genevieve Mo Date signed 1-24-40

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.....

Leo C. Basler

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Leo C. Basler*

Licensed Embalmer No. *1985*

P. O. Address *St. Simons, Ga*

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, above space should be left blank.