DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20316

Registration District No. 79 FILED JUL 17 1940

Primary Registration District No. 1003

Registrar's No. 5264

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:
1701 North 13th St 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1701 North 13th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eugenia Bievenue 150

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Bievenue

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November (Month) 29 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	6	14	hr. min.

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

10. Usual occupation At Home 1

11. Industry or business 1

FATHER
12. Name Pleasant Patrick
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Unknown Ledbetter
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant's own signature S L Moore
(b) Address 1701 North 13th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St Louis Ave

19. (a) JUL 17 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1940 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from JUNE 14, 1940, to JUNE 18, 1940
that I last saw her alive on JUNE 15, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY THROMBOSIS	1 WK
Due to CHR. NEPHRITIS	5 years
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. [illegible] (M. D. or other) MD
Address 4111 W. Florence Ave Date signed 6/18/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X19311

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 Max L. Warfel, Registered Apprentice No. 215 working under my personal supervision.

Signed Felix J. Kirsfin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis A

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.