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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 7917

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40421

Registrar's No. 10192

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1425 McCausland Ave.
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 1425 McCausland Ave. 4
(If rural, give location)

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

3. (a) PRINT FULL NAME ADELE LONGUEMARE WEBSTER

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 Divorced

6. (b) Name of husband or wife John B. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 21 (Day) 1843 (Year)

8. AGE: Years 97 Months 8 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation At Home

11. Industry or business 7

FATHER
12. Name Leon Longuemare 0
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Isabelle Leguerrier
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. A. G. Eberle
(b) Address 1425 McCausland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Gebken Liv. & Und. Co.
(b) Address 2842 Meramec St.

19. (a) DEC 11 1940 (Date received local registrar) (b) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1940 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from DECEMBER 5th, 1940, to DECEMBER 11, 1940; that I last saw HER alive on DECEMBER 10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC MYOCARDITIS about	20 YRS
Due to SENILE CARDIOSCLEROSIS about	25 YRS
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 3

23. Signature C. A. Barnick (M.D. or other) DO
Address 6651 ENRICHT Date signed 12/11/40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Robert F. Gibbens

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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