

Registration District No. 184

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Meramec

(c) Name of hospital or institution: Wild Horse Creek Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 70

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Wild Horse Creek Rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph St. Onge

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Margaret Bernard St. Onge

(c) Age of husband or wife if 67 years

7. Birth date of deceased March 5, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>9</u>	<u>17</u>	hr. _____ min.

9. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm.

12. Name Theo St. Onge

13. Birthplace Canada (City, town, or county) (State or foreign country)

14. Maiden name Coney Hand

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret St. Onge

(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem., Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) DEC 26 1942 (Date received local registrar)

(b) C. H. Neuman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd
year 1942 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from November 30, 1942 to December 22, 1942
that I last saw him alive on December 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis anasarca

Due to Cirrhosis of liver

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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)

(c) Means of injury _____

23. Signature B. R. Loring (M. D. or other) md

Address Ballwin, Mo. Date signed 12-23-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Theo. Schrader

Licensed Embalmer No.....

306.6

P. O. Address.....

Bellewin, Mo.

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, fact should be so stated above.