

State File No.

FILED MAR 14 1943

Registration District No. 707

Primary Registration District No. 200

Registrar's No. 276

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 452 E. Glendale Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. /

3. (a) PRINT FULL NAME Joseph Quevreaux

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna M. Quevreaux 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Nov 22 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 10 hr. min.

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

10. Usual occupation Gardner

11. Industry or business

MOTHER FATHER { 12. Name Emilie Quevreaux
13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)
14. Maiden name Eufriese Putney
15. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

16. (a) Informant Anna M. Quevreaux
(b) Address 452 E. Glendale Rd.
17. (a) burial (b) Date thereof 2/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address [Address]
19. FEB 6 1943 (Date received local certificate) (c) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1943 hour 12 minute ... M.

21. I hereby certify that I attended the deceased from Jan 3rd 1943 to Feb 2nd 1943
that I last saw h. alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 10 days

Due to Parkinson's Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107 Of autopsy 107

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 [Signature] (M. D. ...)
Address Webster & ... Date signed 2-3-43

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

96
00

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.....

Licensed Embalmer No.

P. O. Address.....

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.