

Registration District No. **318**

Primary Registration District No. **106**

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

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:
4182 Ashland 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..... **45 Years.** (Specify whether
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..... **4182 Ashland Ave.** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ludger Louis Gagnon.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife..... **Imogeane Gognon** 6. (c) Age of husband or wife if alive. **61** years

7. Birth date of deceased. **March 5 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 15 hr. min.

9. Birthplace..... **Quebec, Canada.** 2
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired R.R. Guard.**

11. Industry or business
12. Name..... **???????? Gagnon.**

13. Birthplace..... **Canada.** 2
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown.**

15. Birthplace..... **Unknown.** 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Imogeane Gagnon.**
(b) Address..... **4182 Ashland Ave.**

17. (a) **Burial** (b) Date thereof **3-23-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cem.**

18. (a) Signature of funeral director..... **H. Leidner Und. Co.**

(b) Address..... **2223 St. Louis Ave.**

19. (a) **WAR 92** (b) **J. F. Bredeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20**
year **1943** hour **1:00** minute **a.m.**

21. I hereby certify that I attended the deceased from
1939, to **March 20**, 19**43**
that I last saw him alive on **March 16**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Hypertensive Cardiovascular Disease** 8 years
Duration

Due to.....
Due to.....

Other conditions..... **Carcinoma of Liver**
(include pregnancy within 3 months of death)
Epilepsy, Jacksonian
Major findings:
Of operations.....

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..... **Hooster A. Dill** (M. D. or other) **MD**
Address **7346 Manchester** Date signed **3-20-43**

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.....

John P. Buchholz

Licensed Embalmer No.

1674

P. O. Address.....

2223 St. Louis Ave

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.