

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

FILED JUN 9 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1705 Carrell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LOUIS ARGON**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Anna Argon** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 26, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	3	1	hr. min.

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

10. Usual occupation **Retired coal miner**

11. Industry or business _____

MOTHER FATHER { 12. Name **Not known**

13. Birthplace **" "** **France** (City, town, or county) (State or foreign country)

14. Maiden name **" "**
15. Birthplace **" "** **France** (City, town, or county) (State or foreign country)

16. (a) Informant **Mentha Hager**

(b) Address **St. Louis, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation **Belleville, Illinois**

18. (a) Signature of funeral director **W. W. Harris**

(b) Address **Belleville, Illinois**

19. (a) **JUN 2 1943** (Date received local registry) (b) **J. Z. Braddock** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair** **999**
(c) City or town **Belleville** (If outside city or town limits, write "RURAL") **NR**
(d) Street No. **North 60th** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **2**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27th**
year **1943** hour **8** minute **45** P.M.

21. I hereby certify that I attended the deceased from **April 14, 1943** to **May 24, 1943**

that I last saw him alive on **5-26-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Wound** Duration _____

Due to **Senile nephritis**

Due to **1/21**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. W. Harris** (M. D. or _____)

Address **3505 N. Grand** Date signed **6/31/43**

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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.....

Edgar A. Baldus
.....
Licensed Embalmer No. *2846*

P. O. Address.....

Bellville, 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.