

FILED NO. **10 184 318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether
 In this community 3 weeks
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. 4436 N. Market
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Claude Saupile
3. (b) If veteran, name war..... **3. (c) Social Security** No.....

4. Sex M **5. Color or** Grace C
6. (a) Single, widowed, married, MARRIED
6. (b) Name of husband or wife. Emelda Saundelle
6. (c) Age of husband or wife if 27
 alive..... years
7. Birth date of deceased. Sept. 1st 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>2</u>	<u>1</u>	hr. _____ min.

9. Birthplace. La. 1
(City, town, or county) (State or foreign country)

10. Usual occupation. meat

11. Industry or business Packer

12. Name. Joseph Saundelle

13. Birthplace. La. 1
(City, town, or county) (State or foreign country)

14. Maiden name. Victoria Francis

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

16. (a) Informant. H. P. Saundelle

(b) Address. 4436 N. Market St

17. (a) Place: burial or cremation. Removal **(b) Date thereof** 11-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director. R. E. Walton

(b) Address. 2707 Stoddard St

19. (a) NOV 5 1943 **(b) J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2,
 year 1943 hour 4 minute 29 A. M.

21. I hereby certify that I attended the deceased from Oct. 31, 1943 to November 2, 1943
 that I last saw him alive on November 2, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Neuro-syphilis with Convulsions

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

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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. H. J. Engin (M. D. or other).....
Address. 2601 N. 7th **Date signed.** 11-3-43

Duration
Unknown
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

6696

MAR 2 2 1944

6696

MAR 10 1944

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. 3529

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.