. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1945

State File No. 38608

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2624

1. PLACE OF DEATH:

(a) County ST. LOUIS,
(b) City or town RURAL - MERAMEC TWSHP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OSSENFORT & HIGHWAY T. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST. LOUIS 96
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. OSSENFORT RD & HIGHWAY - T. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRED W. ST ONGE

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

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MATHILDA FUNK ST. ONGE 6. (c) Age of husband or wife if alive 69 years

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

8. AGE: Years 71 Months 0 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS Co. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation FARMER

11. Industry or business OWN FARM

FATHER
12. Name THEO. ST. ONGE
13. Birthplace (City, town, or county) CANADA (State or foreign country) 0

MOTHER
14. Maiden name KUNIUNDA NAUMANN
15. Birthplace ST. LOUIS Co. (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Fred St. Onge Jr.
(b) Address Glencoe, Mo. R. 1.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-17-45 (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) 11-17-45 (Date received local registrar) (b) E. G. McGannon MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 15th year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 29th, 1945, to November 15, 1945; that I last saw him alive on November 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver - non-alcoholic (chronic) Influenza (acute) — Duration Apr. 1 1945 Oct 22 1945

Due to 124 b

Due to

Other conditions Nephritis (acute) (Include pregnancy within 3 months of death) — Nov. 10 1945

Major findings:
Of operations None
Of autopsy None

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

23. Signature Wm C. Hunnfeld, D.C., P.C. (M.D. or other)
Address Washington Mo. Date signed 11/15/45

(Licensed Embalmer's Statement on Reverse Side)

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. 3066

P. O. Address Ballwin, 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.