S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18328

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 33

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town STE. GENEVIEVE 91
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOSEPH M. PAPIN

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife SUSAN LABRUYERE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV (Month) 22 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
90	6	4	hr. min.

9. Birthplace STE. GENEVIEVE (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED COOPER

11. Industry or business

MOTHER FATHER

12. Name FRANCIS PAPIN

13. Birthplace STE GENEVIEVE (City, town, or county) MO (State or foreign country)

14. Maiden name CELESTINE MAYOT

15. Birthplace STE. GENEVIEVE (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs Alfred Papin

(b) Address Ste. Genevieve Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-28-45 (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Leo C. Besler

(b) Address Ste Genevieve Mo

19. (a) May 27 1945 (Date received by local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26
year 1945 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from , 1941, to May 26, 1945
that I last saw him alive on May 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Pulmonary Oedema	4 days
Due to Chronic Myocarditis	15 yrs
General Arteriosclerosis	15 yrs
Due to Benign Nephritis	15 yrs
Prostatic Hypertrophy	16 yrs

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature (M.D. or other) MD

Address Ste Genevieve Mo Date signed 5-28-45

706

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 645-669

Date Filed 6-6-45

JUN 12 1945

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 Leo C. Bailey

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.