

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20211
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **2026 Knox** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5350**2. PRINT FULL NAME **Emma Courville**

(a) Residence, No. **2026 Knox** St. **3**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B. Courville		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1852		
7. AGE	YEARS 85	MONTHS 10
	DAYS 1	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. St Home	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal Canada	
	13. NAME Andrew Kennedy	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
	15. MAIDEN NAME Lena Rubidoux	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal Canada		
17. INFORMANT (ADDRESS) Mrs. Mudd 2026 Knox		
18. BURIAL, CREMATION, OR REMOVAL PLAC Concordia, KANSAS DATE 6-13-38		
19. FUNERAL DIRECTOR (ADDRESS) M. J. Croghan 7146 Manchester		
20. FILED JUN 13 1938 J. D. Bredeek Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-13-38**22. I HEREBY CERTIFY, That I attended deceased from **6-2-38** to **6-12-38**I last saw ~~her~~ alive on **6-12-38**. Death is said to have occurred on the date stated above, at **2:50** a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis?

Date of onset

Other contributory causes of importance:

Arteriosclerotic GaiterName of operation **None** Date of **None**What test confirmed diagnosis **Urinal** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **James White**, M. D.(Address) **1114 Mo. Theatre Bldg.**

(Licensed Embalmer's Statement on Reverse Side)

I. X12004
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ans. The Body
1114

STATEMENT BY LICENSED EMBALMER

I, M. J. Longman, Licensed Embalmer No. 2622
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed M. J. Longman
Licensed Embalmer No. 2622

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.)