

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

37371
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... **791**
 (b) Township..... St. Louis..... Primary Registration District No..... **1003**
 (c) City..... (d) Street No..... **City Hospital No. 1** Registered No..... **9698**
 (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.

2. PRINT FULL NAME

Joseph Chouinard
 (a) Residence, No. **352 Blase** st. **8** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

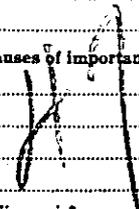
PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Chouinard				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1884				
7. AGE	YEARS 53	MONTHS 10	DAYS 15	if LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moulder			
	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				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota 1				
FATHER	13. NAME Xavier Chouinard			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 2			
MOTHER	15. MAIDEN NAME Josephine Fortis			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 2			
17. INFORMANT (ADDRESS) Hosp. Info M. Kent				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE Friedens DATE Nov. 10, 1938				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue				
20. FILED NOV 9 1938 J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/7/38 '19

22. I HEREBY CERTIFY, That I attended deceased from **10/27/38**, 19... to **11/7/38**, 19...
 I last saw him **live** on **11/7/38**, 19... Death is said to have occurred on the date stated above, at **6.45 a.m.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung (primary)
Metastatic Carcinoma in Vertebrae with Compression of Cord
 Date of onset

Other contributory causes of importance:


Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **yes**

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?
 If so, specify.....
 (Signed) **Edward Weiss**, M. D.
 (Address) **City Hospital No. 1**

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.

1-14023

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 William G. Buchholz

Licensed Embalmer No. 3110

P. O. Address St. Louis, 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, above space should be left blank.