FILED APR 15 1940

U. S. No. 2
M—11-10-39
Rev. 5-17-39
No. I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8946
2429

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community 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") 11
(d) Street No. 4327 Enright (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Dalcour
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Dalcour
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) fifth (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	6	hr. min.

9. Birthplace PALMETTO (City, town, or county) LOUISANA (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
MOTHER FATHER
12. Name LOUIS CARMOUCHE
13. Birthplace PALMETTO (City, town, or county) LA. (State or foreign country)
14. Maiden name THERESA LACOUR
15. Birthplace PALMETTO (City, town, or county) LA. (State or foreign country)
16. (a) Informant Mrs Rozine Gentry
(b) Address 4327 Enright Ave
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3 13 1940 (Month) (Day) (Year)
(c) Place: burial or cremation ALEXANDRIA LA.
18. (a) Signature of funeral director G.W. BRUCE
(b) Address 10034 Garrison Ave
19. (a) MAR 13 1940 (Date received local registrar) (b) J. F. Dudek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11th year 1940 hour 1:45 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 16, 1940 to Mar. 11, 1940 that I last saw her alive on Mar 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (left) — Duration 1 wk
Due to Fracture of left femur — 1 mo
Due to Also Diabetes mellitus ?
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) accident
(b) Date of occurrence 2/12/40
(c) Where did injury occur? St Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury fall - while walking across floor
23. Signature Ralston S. Mitchell (M. D. or other)
Address 1536 Papin St Date signed 3/14/40

(Licensed Embalmer's Statement on Reverse Side)

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

SHIPPING BY R.R. TO ALEXANDRIA LA

2429

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~~ William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2118

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, above space should be left blank.