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K23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8009**

FILED OCT 25 1940

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

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:
5711 Lotus Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Genevieve Walster**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Martin** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 17 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	8	hr. _____ min.

9. Birthplace **Praire DuRocher Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {

12. Name **Eugene Louvier**

13. Birthplace **Praire DuRocher Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Feleicit Barbeau**

15. Birthplace **Praire DuRocher Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Effie Aubuchon**

(b) Address **Prairie DuRocher, Ill.**

17. (a) **Removal** (b) Date thereof **9-25-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prairie DuRocher, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **SEP 25 1940** (Date received local registrar)

J. P. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Randolph**

(c) City or town **Prairie DuRocher**
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **25**
year **1940** hour **1** minute **15** M.

21. I hereby certify that I attended the deceased from **September 7, 1940**
to **September 25, 1940**
that I last saw her alive on **September 24, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **13 days**

Due to **Cardio-Vascular Renal Disease** ???

Due to _____

Other conditions **None** 121
(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) _____ (e) Means of injury _____

23. Signature **B. H. Hoppe** (M. D. or other) _____
Address **2302 Salisbury St** Date signed **9-25-40**

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

Albert G. Hooper

Licensed Embalmer No. *2971*

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, fact should be so stated above.