

**DEAD** AUG 21 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1892

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Pine Lawn, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mother of Good Counsel Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year 9 mo.  
(Specify whether  
In this community about 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town University City 3  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 1029 E. Park Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Lucinda Souter

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 22, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 8 25 hr. min.

9. Birthplace Caroline Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name John Souter

13. Birthplace unknown France 5  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Cantner

15. Birthplace unknown France 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma M. Ratliff

(b) Address 20 1/2 N. Gore Ave

17. (a) Burial (b) Date thereof 8-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Goodhart Lovelock

(b) Address 2228 St. Louis Ave

19. (a) AUG 19 1943 (b) E. M. Larson, M.D.  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17  
year 43 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from entrance home  
Nov. 9, 1940 to 8/12/43, 19\_\_\_\_;  
that I last saw her alive on 8/12, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr.-Cardia Vasculer  
renal disease-Cardiac Decompensation  
Arterio Sclerosis-Chr-Int-  
Due to Nephritis yrs.  
Sec: Myo cardial failure(Block) 6mos.  
Due to Uremia and Coma. lmo.  
(Died in the home of incurables)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Illness 131a  
Of operations \_\_\_\_\_  
Of autopsy As stated above

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 As stated  
(c) Where did injury occur? Illness  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature E. M. Larson, M.D. (M. D. or other)  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 3718 Jennings Rd. Date signed \_\_\_\_\_

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

0600

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**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

*Marie A. Cashiers*

Licensed Embalmer No.

*3949*

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, fact should be so stated above.**