

ED SEP 9 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4469

Registrar's No. 44

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE GENEVIEVE  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 161 N. MAIN 1  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE GENEVIEVE <sup>95</sup>

(c) City or town STE GENEVIEVE <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 161 N. MAIN  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME CLOVIS PAUL BOLDUC

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or Race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY ANN BEAUCHAMP 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased. MARCH 22 - 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace STE GENEVIEVE, MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

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

MOTHER FATHER { 12. Name FRED BOLDUC

13. Birthplace STE GENEVIEVE, MO 0  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ST. GEN

15. Birthplace STE GENEVIEVE, MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JOS. SCHERER

(b) Address STE GENEVIEVE, MO.

17. (a) BURIAL (b) Date thereof AUG. 29 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANARY CEM. STE GEN, MO

18. (a) Signature of funeral director John Stanton Mortuary  
(b) Address STE GENEVIEVE, MO.

19. (a) Aug 28/43 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 26<sup>TH</sup>  
year 1943 hour 5:00 minute A.M.

21. I hereby certify that I attended the deceased from July 15  
1943 to Aug 26 1943

that I last saw him alive on Aug 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach <sup>1yr.</sup>

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 468

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur E. ... (M. D. or other) M.D.  
Address STE GENEVIEVE MO. Date signed 8-27-43

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

RECEIVED

District Health Officer No. 4  
District File Number 943-2697  
Date Filed 9-8-43

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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.....

me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

C. H. Hagan  
.....  
Licensed Embalmer No. 4084

P. O. Address Lansing, Mich.

**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.**