

FILED JAN 12 1944  
878

Registrar's No. 11749

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 10 days  
(Specify whether \_\_\_\_\_)

In this community 63 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
9 2 1

(d) Street No. 3028 Sheridan  
(If rural, give location)

(e) Citizen of foreign country? Born U.S.A. (Yes \_\_\_\_\_)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ferdinand Chouteau

3. (b) If veteran, name war none

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24,  
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from October  
14, 19 43 to December 24, 19 43  
that I last saw him alive on December 24, 19 43  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Jessie Chouteau 6. (c) Age of husband or wife if alive 54 years  
1879

7. Birth date of deceased October 14th, (Month) (Day) (Year)

Immediate cause of death Bronchopneumonia Terminal  
Cardiac Hypertrophy Unk.

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

64 2 10 hr. \_\_\_\_\_ min.

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

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

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

9. Birthplace Prarie DeRocher, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Paul Chouteau,

13. Birthplace Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Chouteau

(b) Address Prarie DeRocher, Ill.

17. (a) Burial, (b) Date thereof Dec 29th 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvry Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]

(b) Address 2812 Thomas, St. Louis, Mo.

19. (a) DEC 28 1943 (Date received local registrar) J. F. B. [Signature] (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 2601 Whittier Date signed 12/27/43

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

---

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. *myself*

Signed..... *M. H. Houtz*

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas Street*

**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.