

FILED SEP 16 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7758**

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:
4953 Bonita
(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 Mo. (b) County roc

(c) City or town St. Louis 2 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4953 Bonita 9
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Mary Boulay

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Caesar

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased July 18 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>1</u>	<u>18</u>	hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or country) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Nick Matter 5

13. Birthplace France (State or foreign country) 5

14. Maiden name Mary Blanchard

15. Birthplace France (State or foreign country) 5

16. (a) Informant Caesar A. Boulay

(b) Address 4953 Bonita

17. (a) Burial (b) Date thereof 9 9 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshausler Und. Co

(b) Address 4228 So. Kingshighway Bl.

19. (a) SEP 8 1946 (b) J. J. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1946 hour 4:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 11 to Sept 6 1946
that I last saw him alive on Aug 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of arteries

Duration _____

Due to _____

Due to _____

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) _____

(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 or _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Alton Moore M.D. or other _____
Address 729 Missa Bldg Date signed 9/7/46

30411
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

James B. ...
10-1
...

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 *Edwin A. M. Demerath*

Licensed Embalmer No. *3024*

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.