

FILED JAN 16 1948  
318  
Registration District No. ....

Primary Registration District No. ....

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

**1. PLACE OF DEATH:**  
(a) County St. Louis, Mo.  
(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: City Infirmery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Oct. 26, 1944 to Jan. 4, 1948  
In this community Oct. 26, 1944 to Jan. 4, 1948  
years, months or days

**3. (a) PRINT FULL NAME** Albert Aquart  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** male **5. Color or race** white **6. (a) Single, widowed, married, divorced, single** single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** June 5, 1857  
(Month) (Day) (Year)

**8. AGE:** Years 90 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** none

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

**MOTHER FATHER**  
**12. Name** Raymond Aquart  
**13. Birthplace** West Indies  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Dusard  
**15. Birthplace** West Indies  
(City, town, or county) (State or foreign country)

**16. (a) Informant** City Infirmery  
**(b) Address** 5800 Arsenal St.

**17. (a) Burial** (b) Date thereof 1-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Valhalla

**18. (a) Signature of funeral director** A. Brown Hudler  
**(b) Address** 2707 N Grand Blvd

**19. (a) JAN 9 (b) 1948** J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State City Infirmery (b) County St. Louis, Mo.  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St.  
13 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month January day 4  
year 1948 hour \_\_\_\_\_ minute 15 M.

**21. I hereby certify that I attended the deceased from** 1944, 19 \_\_\_\_\_, to January 4, 1948;  
that I last saw him alive on January 4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Syndrome

Uremia and old cerebro-vascular involvement. Several years.

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

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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** Palmer Burgess Bowditch (M. D. or other)  
City Infirmery  
Address \_\_\_\_\_ Date signed 1/4/38

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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 Stanley F. Dixon  
Licensed Embalmer No. H 193  
P. O. Address St. Louis

**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.**