

No. 3904
-10-47
-17-39
PI 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

20771

FILED JUN 28 1948

318

State File No. _____

Registrar's No. 5455

Registration District No. _____ Primary Registration District No. _____

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 Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether _____)

In this community 3 DAYS
years, months or days

3. (a) PRINT FULL NAME Sidney Jackson Courier

3. (b) If veteran, name war: NO

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 ETHEL COURIER

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased JUNE 18 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>11</u>	<u>26</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace CHESTER ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation RETAIL GROCER

11. Industry or business _____

12. Name SAMUEL COURIER

13. Birthplace RANDOLPH COUNTY, ILL.
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN REISNER

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

16. (a) Informant Dr. C. A. Courner

(b) Address Chester, Ill.

17. (a) BURIAL (b) Date thereof June 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EVERGREEN CEMETERY

18. (a) Signature of funeral director J. F. Braddock

(b) Address 1019 1/2 E. Ethel, Ill.

19. (a) JUN 16 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County RANDOLPH

(c) City or town Chester
(If outside city or town limits, write "RURAL")

(d) Street No. 1921 Henry Street
W.R. (If rural, give location)

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

If yes, name country NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 12, 1948, 1948, to June 11, 1948, 1948;
that I last saw him alive on June 11, 1948, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____

Due to Embolization of popliteal arteries

Due to _____

Other conditions 99
(Include pregnancy within 3 months of death) 11

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 FR Bradley (M. D. or other) _____

Address Barnes Hospital Date signed 6/14/48

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

MOTHER FATHER

5455

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.....

Not

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

Signed..... *Oscar E. Schroeder*

Licensed Embalmer No. *1751*

P. O. Address. *Chester, Ill.*

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.