

No. 300  
10-47  
5-17-39  
PI 3908

**FILED OCT 30 1948**

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **9063**

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
Enroute City Hospital 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3632a McRee Ave.  
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** Henry William Doiron

3. (b) If veteran, name war No

3. (c) Social Security No. 493-03-9052

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Katherine Doiron

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 3 1883  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>65</u>	<u>0</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Prairie Du Rocher, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

**MOTHER FATHER**

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

12. Name Henry William Doiron

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

14. Maiden name Mary Emily Courtois  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Katherine Doiron

(b) Address 3632a McRee Ave.

17. (a) Burial (b) Date thereof 10-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 19 1948 (b) J. B. Lusater  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 18  
year 1948 hour 6:15 minute \_\_\_\_\_ P. M.

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

Immediate cause of death Coronary Occlusion;  
Coronary Sclerosis.  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
(Specify type of place) (M. P. or other)

23. Signature Patrick E. Taylor  
(M. P. or other)

Address 1300 Black Date signed 10-19-48

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.

Signed Ray W. Wilkinson  
- - Licensed Embalmer No. 3573  
P. O. Address St. Louis, Mo.

**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.**