

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24287

State File No.

318

1003

6233

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **8Y 4M 3D** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CHRONIC HOSPITAL** e. STREET ADDRESS (If rural, give location) **5600 Arsenal St.**

3. NAME OF DECEASED a. (First) **LEON** b. (Middle) **BOULICAULT** c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) **7 8 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **Sept 12 1885** 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **68**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoe worker** 10b. KIND OF BUSINESS OR INDUSTRY **St. Louis Missouri** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Boulicault** 13b. MOTHER'S MAIDEN NAME **Fannie? Francis Baker** 14. NAME OF HUSBAND OR WIFE **Single**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Peter Boulicault** ADDRESS **107 N 18th**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Arteriosclerosis with cardio- cerebral elements**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH Years _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4500**

22. I hereby certify that I attended the deceased from **3/5**, **1946**, to **7/8**, **1954**, that I last saw the deceased alive on **7/8**, **1954**, and that death occurred at **12:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl Smith MD** (Degree or title) **MD** 23b. ADDRESS **5600 Arsenal St.** 23c. DATE SIGNED **7/8/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 10 54** 24c. NAME OF CEMETERY OR CREMATORY **Old St Marcus** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **JUL 10 1954** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **E.J. Schnur** ADDRESS **3125 Lafayette**

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed.....
Thomas R. Fenwick

Licensed Embalmer No. *379*

P. O. Address *3125 Lafayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.