

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42206
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10871

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) St. Louis		c. LENGTH OF STAY (in this place) 1 hr.	c. CITY OR TOWN SAINT LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) HARRIET		b. (Middle)	c. (Last) BOULICAULT.
4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1954		5. SEX Female /	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC 13 1883	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY DRESS MAKER	11. BIRTHPLACE (City and State or Foreign Country) CHAGNY, FRANCE 5	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JUSTIN C. BOULICAULT		13b. MOTHER'S MAIDEN NAME MARIA C. PEUTIELL	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EMILY BOULICAULT 4932 LACLEDE AVE.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES arteriosclerotic heart disease DUE TO (b) DUE TO (c) Carcinoma of left breast Metastases to chest wall		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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. HOW DID INJURY OCCUR? 4200H
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from 11/25, 1954, to 11/28, 1954, that I last saw the deceased alive on 11/28, 1954 and that death occurred at NOON m., from the causes and on the date stated above.			
23a. SIGNATURE F. Bergman M.D.		23b. ADDRESS 3220 Washington	23c. DATE SIGNED 11/29/54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE NOV 30/54	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO
DATE REC'D BY LOCAL REG. NOV 29 1954	REGISTRAR'S SIGNATURE C.R. Lupton & Sons	25. FUMERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.,	

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 *Clarence H. Murr*.....

Licensed Embalmer No. *40*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.