

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35544

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Meramec River (No.)

Registration District No. 785
Primary Registration District No. 6031

File No.
Registered No. 206
St. Ward

2. FULL NAME

Alfred DeCoursey
(a) Residence, No. 5217 Raymond Ave. St. St. Louis Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Mercantile Co.

10. Date deceased last worked at this occupation (month and year) Oct 1931 11. Total time (years) spent in this occupation 18 3/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

13. NAME Wm DeCoursey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

15. MAIDEN NAME Kate Rawlings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) A. L. Casey 5212 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellfontaine DATE Oct 17 1931

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive St.

20. FILED 10/19 1931 C. E. Barrett M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Accidental drowning
ingest Meramec River while swimming
Date of onset 10/10/31

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in all the following: Accident, suicide, or homicide Accident Date of injury 10/10/31

Where did injury occur Park Park Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Accidental drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify

(Signed) John O'Connell M. D.
(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1931

