

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

Do not use this space.

18328

1. PLACE OF DEATH

County..... Registration District No. *118*
Township..... Primary Registration District No. *2*
City *St. Louis* (No. *City Hospital*)

File No. *4569*
Registered No.
Si. Ward)

#2. FULL NAME *Louise Courtois*

(a) Residence, No. *31415 California* Ward. *24*
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23rd 1933*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Emmett Courtois*

22. I HEREBY CERTIFY, That I attended deceased from *May 19th 1933 to May 23rd 1933*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 27th 1899*

I last saw *her* alive on *May 23rd 1933*. Death is said to have occurred on the date stated above, at *2:20 P.M.*

7. AGE YEARS *34* MONTHS *1* DAYS *26* IF LESS than 1 day,hrs. ormin.

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

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

Addison's Disease
68
68
Other contributory causes of importance:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *home*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

Name of operation *none* Date of.....
What test confirmed diagnosis *Clinical* Was there an autopsy? *yes*

13. NAME *Joseph Noblet*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

15. MAIDEN NAME *Anna Burnett*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

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

17. INFORMANT (ADDRESS) *Hospital information entry hospital*

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sunset* DATE *May 26 33*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....

19. UNDERTAKER *Wacker-Holderle* (ADDRESS) *2331 Broadway*

(Signed) *Walter A. Beck* M. D.
(Address) *City Hospital*

20. FILED *May 24 1933* Registrar.

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.

Courtois