

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 16 1938

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

33693  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City ..... (d) Street No. **DePaul Hosp.** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8679**

2. PRINT FULL NAME **Infant of John Chouinard,**

(a) Residence, No. **4816 N. 20 Str.** St. **9**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10/2/1938**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**2**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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.**

FATHER 13. NAME **John Chouinard**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chicago, Ill.**

MOTHER 15. MAIDEN NAME **Dorothy Flaherty**

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

17. INFORMANT **John Chouinard,**  
(ADDRESS) **4816 N. 20 Str.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **10/5/38**

19. FUNERAL DIRECTOR (NAME) **W. A. Stock Und Co.**  
(ADDRESS) **2117 E. Grand Blvd.**

20. FILED **OCT 4 1938**  
**J. P. Bredek**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 4** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 1st** 19**38** to **Oct 3rd** 19**38**  
I last saw him alive on **Oct 3rd** 19**38** Death is said to have occurred on the date stated above, at **12:40 A. M.**  
The principal cause of death and related causes of importance were as follows:

**Myocardial Infarct**  
**Patent Proximal Aortic**  
**Patent Aortic Intima**  
Date of onset **Oct 1st**

Other contributory causes of importance: **(hemorrhages)**  
**Patent proximal aortic**  
**in brain, lung, and spleen, Oct 7th**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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

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

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) **W. R. Kelly** M. D.  
(Address) **3611 E. 12th St. St. Louis**

**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

*Frank A. Moore*

Licensed Embalmer No.

*13041*

P. O. Address

*2117 E. Grand*

**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, above space should be left blank.**