S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13028

FILED MAY 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3230

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits write "RURAL")

(d) Street No. 4162 Flora
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES LECOUTOUR 236

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Delphine Lecoutour

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb (Month) 17 (Day) 1866 (Year)

8. AGE: Years 74 Months 1 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Stair Builder

11. Industry or business Retired

FATHER
12. Name Hypolite Lecoutour
13. Birthplace Paris (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Loetitia Sarot
15. Birthplace Paris (City, town, or county) France (State or foreign country)

16. (a) Informant Delphine Lecoutour
(b) Address 4162 Flora Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) APR 8 1940 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1940 hour 6:25 minute A. M.

21. I hereby certify that I attended the deceased from 10-8, 1939, to 4-6, 1940;
that I last saw him alive on 4-6, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral Terminal Broncho pneumonia	2 days
Due to Cancer of bladder, Urinary	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 4-6-40

(Licensed Embalmer's Statement on Reverse Side)

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: Edward N. McDermott

Licensed Embalmer No. 302

P. O. Address.....

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.