

Registration District No. **791**Primary Registration District No. **1003**

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town Saint Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lutheran Hospital.  
 (If not in hospital or institution, write street number or location) **1**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Henry A. Truchon, 1253. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None.4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Clara Truchon 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased September 22nd, 1882.  
(Month) (Day) (Year)8. AGE: Years 57 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Unknown Missouri. 6  
(City, town, or county) (State or foreign country)10. Usual occupation Farming 7

11. Industry or business \_\_\_\_\_

12. Name Edward Truchon 918. Birthplace Unknown France 1  
(City, town or county) (State or foreign country)14. Maiden name Louise Pelot15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clara Truchon(b) Address 2857 Texas Ave.17. (a) Burial (b) Date thereof July 8th, 40.  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bonne Terre, Missouri.18. (a) Signature of funeral director Zilgenheim Bros.(b) Address 2623 Cherokee Street.19. (a) JUL 8 1940 (b) J. P. Baudouin  
(Date received local registrar) (Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
 (c) City or town Saint Louis, 24  
 (If outside city or town limits, write "RURAL") **0**  
 (d) Street No. 2857 Texas Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th,  
year 1940. hour 6 minute 10 P.M.21. I hereby certify that I attended the deceased from June 26,  
1940, to July 4, 1940.  
that I last saw him alive on July 4, 1940.  
and that death occurred on the date and hour stated above.Immediate cause of death metastases (ca)  
lung -Due to Primary in kidneyDue to Hypertension  
BilateralOther conditions 51  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_Of autopsy Bilat. hypernephroma  
Carcinoma of lung

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature J. P. Baudouin (M.D. or other) \_\_\_\_\_Address 3631 Grand St Date signed 7/6/40

**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

*W. E. Morris*

Licensed Embalmer No.

*3360*

P. O. Address

*2623 Cherokee*

**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.**