No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29271

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1734

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town 239 Reaves Place (If outside city or town limits, write "RURAL")
(d) Street No. Webster Groves (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henrietta Couch
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Thomas Thomas J. Couch
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct. (Month) 27 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
84	9	22	hr. min.

9. Birthplace Oregon County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation nil.
11. Industry or business
FATHER
12. Name William Rodgers
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Rosamond Palmer
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant E. C. Couch
(b) Address 239 Reaves Pl. Web. Gr. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Mo.
18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Av.
19. (a) AUG 18 1941 (Date received local registrar) (b) E. G. McGauran MD (Registrar's signature) XL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18 year 1941 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 8-14-41, 19__, to 8-18-41, 19__; that I last saw her alive on 8-18-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestion of lungs from pulmonary embolis	2 hrs
Due to Pt intertrochanteric fracture femur	4 days
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	3

Major findings:
Of operations 18 hrs
Of autopsy 18

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) Accd.
(b) Date of occurrence Aug 14-41 1946
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 239 Reaves Pl. Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature R Johnston (M. D. ~~or other~~) O
Address St Louis Co Hosp. Date signed 8-18-41

(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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette Av

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, fact should be so stated above.