S. No. 2
M—9-4-41
V. 5-17-39
P.I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8304

Primary Registration District No. 1003

Registrar's No. 3020

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:
5475 Cabanne, Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. # 5475 Cabanne, Ave.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mabel Boucher.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Femele

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 5 (Day) 1884 (Year)

8. AGE: Years 57 Months 4 Days 27 If less than one day hr. min.

9. Birthplace JASPER COUNTY, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation TEACHER

11. Industry or business ST. LOUIS PUBLIC SCHOOL

FATHER
12. Name JOSEPH BOUCHER
13. Birthplace OTTOWA (City, town, or county) CANADA (State or foreign country)

MOTHER
14. Maiden name MARGARET SUTHERLAND
15. Birthplace CANADA (City, town, or county) (State or foreign country)

16. (a) Informant MRS C.A. STONE
(b) Address 5475 CABANNE AV.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation JOPLIN, MISSOURI

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar, Blvd.,

19. (a) APR 3 1942 (Date received by local registrar) J. F. Bieldeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1, 1942 to April 2, 1942 that I last saw h[illegible] alive on April 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arterial Sclerosis and Hypertension	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
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 Wm. H. Norton (M. D. or other) M.D.
Address 634 No. Grand Blvd. Date signed 4/2/42

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1942

Dr. W. H. Norton
Mo. Theatre Bldg.
JE- 6646
Hrs. 11 to 1 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.