

FILED MAR 31 1942
Registration District No. 78

Primary Registration District No. 200

96000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. ST. LOUIS

(b) City or town. RURAL ROUTE #3 LARIMORE RD.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BADEN P.O. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 35 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO. (b) County. ST. LOUIS 96

(c) City or town. RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. LARIMORE ROAD R.R. # 3 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME. LOUIS JULES BOURDET

3. (b) If veteran, name war. No. 3. (c) Social Security No. NO

4. Sex. MALE 0 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. HELENA BOURDET 6. (c) Age of husband or wife if alive. 69 years

7. Birth date of deceased. UNKNOWN 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months UNKNOWN Days UNKNOWN If less than one day hr. min.

9. Birthplace. FRANCE
(City, town, or county) (State or foreign country)

10. Usual occupation. FLORIST

11. Industry or business.

MOTHER FATHER { 12. Name. UNKNOWN

{ 13. Birthplace. FRANCE
(City, town, or county) (State or foreign country)

{ 14. Maiden name. UNKNOWN

{ 15. Birthplace. FRANCE
(City, town, or county) (State or foreign country)

16. (a) Informant. ROGER BOURDET

(b) Address. LARIMORE ROAD ST. LOUIS CO.

17. (a) BURIAL (b) Date thereof. 3-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY CEMETERY

18. (a) Signature of funeral director. [Signature]

(b) Address. [Address]

19. (a) MAR 18 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. MARCH 17, day 17, year. 1942 hour. 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 17, 1942 to March 17, 1942 that I last saw him alive on March 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of stomach

Due to. 4 hr

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

Duration
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?

While at work? (Specify type of place) (c) Means of injury

Signature. [Signature] (M. D. or other) [Signature]

Address. 3903 [Address] Date signed. 3-18-42

*for ledger
Wade 8-12*

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

SEP 31 1940