V. S. No. 2
M—11-10-39
ev. 5-17-39
I-X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18922

FILED JUN 1 1942

Registration District No. 1124 Primary Registration District No. 116 Registrar's No. 1153

96 3 5

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1035 East Park Pl.,
(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 Mo. (b) County St. Louis
(c) City or town University City, 96 3 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1035 East Park Pl., (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Antoinett Bourrett.
8. (b) If veteran, name war No
8. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Bourrett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 16, 1856. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	7	9	hr. min.

9. Birthplace Washington, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
12. Father's name A ugust ~~Beters~~ Peters
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Mother's maiden name Neioma 2 Peters
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Estelle Myers
(b) Address 1035 East Park Pl.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/42. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) MAY 27 1942 (Date received local registrar) (b) C. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 10.45 minute P.M. M.

21. I hereby certify that I attended the deceased from June 1932 to May 25 1942, that I last saw her alive on May 25 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	
Cerebral Hemorrhage	
Due to Diabetes Mellitus	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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 None
(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 Fenn Pitt M. D. or other MD
Address 6225 Berkshire Date signed 5 [illegible]

701 (Licensed Embalmer's Statement on Reverse Side)

Dr. P.Reilly
6/20-Boston
7-8 P.m.

APR 7 1952

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 Jos. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiamont Ave.

APR 21 1952

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis

State File No.
Local Registrar's No. 1153

AFFIDAVIT FOR CORRECTION OF A RECORD

1952

On this 12th day of April, 194..., before me appears Mrs. Estelle Myers, who, upon her oath, states that the original record of birth/death for Antoinett Bourrett born/died May 25, 19.42, in the State of Missouri, and which was filed at Clayton Mo. on May 26, 1942, should be corrected as follows:

Item No. 12 should read August Peters

Instead of August Reters

Item No. 14 should read Neioma ? (Peters)

Instead of Neioma ? (Reters)

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Estelle Myers
Relationship. Daughter

Present Address. 1035 E. Park U. City 14 Mo

Subscribed and sworn to before me this 12th day of April, 1952

My Commission expires June 5 1955 Wilhelm F. Kreger Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

5-18922