

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Maryville College 2900 Meramec
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rev. Mother Mathilde Mouton

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Jan. 20th., 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	0	16	_____ hr. _____ min.

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

10. Usual occupation Religious

11. Industry or business _____
 12. Name Charles Oliver Mouton

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

14. Maiden name Mathilde Unknown

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

16. (a) Informant Maryville College
 (b) Address 2900 Meramec St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) FEB 8 1943 (b) J. F. Bridger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2900 Meramec St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th. year 1943 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 15th 1942 to July 5th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis

Due to Carcinoma Colon (R Side)

Due to (Resection 14 months ago)
 Other conditions Primary in Colon
(Include pregnancy within 3 months of death)

Major findings: C.A. Hepatic Steatosis

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) (e) Means of injury _____

23. Signature J. F. Bridger (M. D. or other) _____
 Address 539 Grand - St. Louis Mo. Date signed 2/8

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 William 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.