S. No. 2
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WRITE 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. 8108

FILED APR 3 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2933

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: St. Anthony's Hospital
(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. 1422 Louisville Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Boucher
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female
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 March 25, 1943 (Month) (Day) (Year)
8. AGE: Years | Months | Days 1 | If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER 12. Name Jacob A. Boucher
FATHER 13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Christabel Everett
MOTHER 15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Jacob A. Boucher
(b) Address 1422 Louisville Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane
19. (a) MAR 28 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1943 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3/25/43, 19..., to 3/26/43, 19...; that I last saw her alive on 3/26/43, 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 V. O. Michael (M. D. or other)
Address 506 Olive Street Date signed 3/26/43

(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 not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1994

P. O. Address .....

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.