

ED JUN 19 1943 **318**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5379**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laclede Hotel 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

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..... **Laclede Hotel**
520 Chestnut (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **George S. Tourville, Sr.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Emma Tourville** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 10, 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 0 hr. min.

9. Birthplace **Illinois 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER

12. Name **Joseph Tourville**

13. Birthplace..... **Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan 7**

15. Birthplace..... **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **George S. Tourville**

(b) Address **3934 Garfield**

17. (a) **Burial** (b) Date thereof **6/14/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **JUN 12 1943** (b) **S. F. Breck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
year **1943** hour **10.00 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Generalized Arteriosclerosis

Due to *Senility*

Due to *99*

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?

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

23. Signature **Thomas F. Callahan** (M. D. or other) **3**

Address **Deputy Coroner** Date signed **6-19-43**

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

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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..... *Henry Eynock*
Licensed Embalmer No..... *1284*
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.