

SEP 21 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8129

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:
2846 Keokuk /
(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 Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2846 Keokuk
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Fontaine

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 Married

6. (b) Name of husband or wife Paul Fontaine 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 16 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months -- Days 26 If less than one day hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business _____
 12. Name Edward Schain

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

14. Maiden name Katherine Hoffmann

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Fontaine

(b) Address 2846 Keokuk

17. (a) Burial (b) Date thereof 9/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec

19. (a) SFD 14 1943 (b) J. Bredet
(Date received local health certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11
 year 1943 hour 10.30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 10th
 1943 to Sept. 11th 1943
 that I last saw h. or alive on Sept. 11th 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinomatosis

Due to Carcinoma of Breast.

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Paul B. Weh (M. D. or other) _____
 Address 1915 Sedgewy St. Date signed 9/13/43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

7:15 P
16 AM
SIGNED

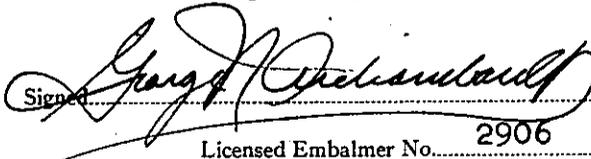
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.