

FILED OCT 22 1943

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

8974

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community 5 Days (Specify whether years, months or days)
Thomas Lucille Mouser

3. (a) PRINT FULL NAME Mouser, Lucille, Florence

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

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

6. (b) Name of husband or wife Russell J. Mouser 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December 1 1903
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Allensville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name John Brase

13. Birthplace White Water Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kate Shepard

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

16. (a) Informant Russell J. Mouser

(b) Address 44 West Drive, East Alton, Ill.

17. (a) Burial (b) Date thereof Oct. 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutesville, Missouri

18. (a) Signature of funeral director Robert H. Streeter

(b) Address 2521 Edwards St. Alton, Ill.

19. (a) OCT 11 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town East Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 44 West Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Oct 5, 1943, to Oct. 10, 1943;

that I last saw her alive on Oct. 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus Duration 9 mo.?

Due to Carcinoma of Esophagus with metastasis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Esophagus showed fungating mass in Esophagus
Of operations Permissio Refused
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) (e) Means of injury _____

23. Signature Charles Ebert (M. D. or other) MD

Address BARNES HOSPITAL Date signed _____

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

MOTHER FATHER

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 Robert H. Streeper
Licensed Embalmer No. 2474
P. O. Address Alton, Ill.

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.