S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39642

FILED JAN 3 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11568

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: 552 West Davis Street
(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 DEACEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 01
(If outside city or town limits, write "RURAL")
(d) Street No. 552 West Davis Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMILIE MARIE COINTEPAS
3. (b) If veteran, name war ------
3. (c) Social Security No. ------
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward Cointepas
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased October (Month) 24 (Day) 1850 ~~184~~ (Year)
8. AGE: Years 93 Months 1 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) France 5 (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) France 5 (State or foreign country)
14. Maiden name Margaret Saislon
15. Birthplace (City, town, or county) France 5 (State or foreign country)
16. (a) Informant Emilie Marie Cointepas-Daughter
(b) Address 522 West Davis,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12--23-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery
18. (a) Signature of funeral director C. Hoffmeister U. & L.
(b) Address 7814 South Broadway, St. Louis, Mo.
19. (a) DEC 23 10 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st year 1943 hour 2 minute 10 A. M.
21. I hereby certify that I attended the deceased from Dec.18,1943. 19__, to Dec.21,1943. 19__; that I last saw her alive on Dec.20.1943. 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia ----	3days
Due to Senility.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

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? Co.
While at work? (Specify type of place) (e) Means of injury 0
23. Signature D. S. Pruitt (M. D. or other)
Address 6006 Virginia Ave. Date signed 12/21/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. S. Pruett.

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.