

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1083
State File No.
12038
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution Eleven days
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(d) Street No. 4034 Laclede
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Edward Touchette
3. (b) If veteran, name war NO
3. (c) Social Security No. 489-03-5469

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 31
year 1943 hour 5:15 minute A M.

4. Sex Male 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

21. I hereby certify that I attended the deceased from December 20
1943 to December 31 19 43
that I last saw him alive on December 31 19 43
and that death occurred on the date and hour stated above.

7. Birth date of deceased November 11, 1896
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia
Duration _____

8. AGE: Years Months Days If less than one day
47 1 20 hr. min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Laborer

11. Industry or business Missouri Athletic Club

12. Name Frank Touchette

13. Birthplace Centerville Sta. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Veronica Beron

15. Birthplace Chakia, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Walters
(b) Address East St. Louis, Illinois

17. (a) Removal (b) Date thereof Jan 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

Major findings:
Of operations _____
Of autopsy _____

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

18. (a) Signature of funeral director J. Grassly
(b) Address East St. Louis, Illinois

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) DEC 2 - 1943 (b) J. F. Brudski
(Date received local records) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature L. Kreschoff (M. D. or other)
Address 1515 Lafayette Date signed 12/31/43

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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.....

Licensed Embalmer No.

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.