

S. No. 2  
M-5-43  
5-17-39  
I X36871

State File No. \_\_\_\_\_

FILED MAR 6 1944  
Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 1833

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:  
5381a Southwest Ave.  
(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. 5381 a Southwest Ave.  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Etienne

3. (b) If veteran, name war None

3. (c) Social Security No. 493-05-6435

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annastatia

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. 8, 1879  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day February  
year 1944 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from July 15  
1942 to Feb 22 1944  
that I last saw him alive on Feb 22 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 0 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Paralysis - Paraplegia

Due to Arterio-sclerosis  
Myocardial (Chronic)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
\_\_\_\_\_

MOTHER FATHER

9. Birthplace Maplewood MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Excavating Contractor

11. Industry or business Owner

12. Name Florent Etienne

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

14. Maiden name Charlotte Purnell

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

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Annastatia Etienne

(b) Address 5381a Southwest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Maplewood, Mo.

19. (a) FEB 24 1944 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

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 D. B. P. Jones (M. D. or other) \_\_\_\_\_  
Address 4356a Manchester Date signed 2-23-44

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

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 3452

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

David C. Johnson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.