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. 19112

FILED JUN 3 1944

Registration District No. 3

Primary Registration District No. 3064

Registrar's No. 1204

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Delwood & Chambers Road (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 St. Louis

(c) City or town Ferguson, (If outside city or town limits, write "RURAL")

(d) Street No. Delwood & Chambers Rd., (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ellen LeHouillier.

3. (b) If veteran, name war No

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 Joseph Alfred LeHouillier

6. (c) Age of husband or wife if live 78 years

7. Birth date of deceased Oct. 26, 1869. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	7	1	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Rosner
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Margaret Touric
15. Birthplace Unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant Joseph Alfred LeHouillier

(b) Address Ferguson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30/44. (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem. Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) MAY 31 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1944 hour 8:00 minute P.M.M.

21. I hereby certify that I attended the deceased from 5/24/44, 19 to 5/27/44, 19; that I last saw her alive on 5/27/44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease.

Due to

Due to

Other conditions Chr. Interstitial Nephritis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) No.

(b) Date of occurrence No

(c) Where did injury occur? No. (City or town) (County) (State)

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

While at work? No (e) Means of injury

23. Signature Paul Bernstoff (M. D. or other)

Address 3919 W. Florissant Date signed 5/29/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul Bernstroff.
3919 W. Florissant Ave.,
GO. 3080.
1-3 P.M. Yo. 1145 Res.
12.30 P.M.

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 Albert G. Hoffe

Licensed Embalmer No. 2971

P. O. Address St. Louis, Mo.

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.