

FILED AUG 31 1944

1003

State File No. 22931

Registration District No.

Primary Registration District No.

Registrar's No. 6716

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: Stone Nursing Home 4373 W. Pine Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 82 Years
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. 5475 Cabanne Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma K. DeCourcy

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 Widow
6. (b) Name of husband or wife William DeCourcy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 3 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name George S. Rawlings
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Pavey
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred C. DeCourcy
(b) Address 5475 Cabanne Ave.

17. (a) Burial (b) Date thereof 8-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemt.

18. (a) Signature of funeral director John J. Donnelly
(b) Address 3840 Lindbergh Blvd

19. (a) AUG 1 1944 (b) J. F. Bredek
(Date received local number) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 10th 1944 to July 29th 1944
that I last saw her alive on July 29th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to Coronary defect

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy none

Duration of illness: 1 year
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 Natural Death
(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 Septt Newm M.D. (M. D. or other) O. M.D.
Address 6347 Grand Date signed 7-30-44

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P.O. Address 3840 Lindell

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.