

FILED AUG 9 1945
Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 812 W. 5th. St., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether)
In this community 10 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 812 W. 5th. St., 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME LOUISE SAUCIER

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color of race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eugene Saucier
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased November 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 16, 45
to July 4, 1945
that I last saw her alive on July 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Removal of Lung
Due to Tuberculosis
Duration

8. AGE: Years 90 Months 8 Days 3
If less than one day hr. min.

9. Birthplace Washington Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business
12. Name James Cook
13. Birthplace Unknown, Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Miss Pincadey
15. Birthplace Unknown, Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alex V. Saucier
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof July 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.
18. (a) Signature of funeral director Pieburg, Dittmer
(b) Address Washington, Mo.

19. (a) 7/6/45 (b) Franklin R. Brooks
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations
Of autopsy FNK

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?

While at work? (Specify type of place) (c) Means of injury
23. Signature [Signature] (M. D. or other)
Address Washington, Mo. Date signed 7/4/45

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

6
6
2

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

8-8-45

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.....

Lester A. Pitt

Licensed Embalmer No.....

3254

P. O. Address.....

Washington, Md

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.