S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31681

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8106

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: DePaul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4917 Ashby Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ethel Eudora De Vouton

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 married

6. (b) Name of husband or wife Alex De Vouton

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 6 (Month) 1 (Day) 1893 (Year)

8. AGE: Years 53 | Months 3 | Days 19 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name George T. Farrar

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

14. Maiden name Eliza Strain

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

16. (a) Informant Alex De Vouton
(b) Address 4917 Ashby Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) SEP 20 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20 year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec, 1944 to 9/20, 1946 that I last saw her alive on 9/19/, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Intestinal Obstruction — Duration
Due to: Volvulus Small Intestine — 4 days
Due to: Cardiovascular Renal Disease — 5 yrs
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D.)
Address 3833 Washington Date signed 9/20/46

(Licensed Embalmer's Statement on Reverse Side)

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.....Warren A. Carver

Licensed Embalmer No.....3534

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.