

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X3657

34688

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 3 1946

Registration District No. 347

Primary Registration District No. 2002

Registrar's No. 3189

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6532 Bartmer 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 Missouri (b) County Saint Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6532 Bartmer Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Louvis

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 Widow
6. (b) Name of husband or wife George Louvis 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Sept 20 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 1 9 _____ hr. _____ min.

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

10. Usual occupation Confectionary Operator

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Cullen 4
13. Birthplace England 1
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Mannion
(b) Address 6532 Bartmer Ave

17. (a) Burial (b) Date thereof 10 31 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 1125 Hodiament Ave

19. (a) 10-30-46 (b) Auth Galle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1946 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1 month
1946 to 10/29/46 1946;
that I last saw her alive on 10/28/46 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs Duration mo

Due to Carcinoma of breast 1 1/2 yrs.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

Major findings: No other Of operations _____
Of autopsy none 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) none

(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 Trans P Gault (M. D. or other) MD
Address 132 N. 3rd Webster Date signed 10/29/46

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

3311

3-4
Da Friends of my aunt
13.A. N. Joan.

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..... *Alfred J. Boedecker*

Licensed Embalmer No. *2663*

P. O. Address *1125 Hodiament Ave*

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.