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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 24 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

10667

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **2451**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Anthony Hospital**  
(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** **96**

(c) City or town **Lamay** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8640 S. Grand ave.** **N.R. 0**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **/**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth Cloutier**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **No.**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ernest Cloutier**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **May 28 1883**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**  
year **1947** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 6th 1947** to **March 8th 1947**  
that I last saw her alive on **Mar 8** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**63** **9** **8** hr. min.

Immediate cause of death: **Pneumonia**  
**Diabetic acidosis**  
**Diabetes**

Duration: **7 days**  
**2 days**  
**3 yrs +**

Due to **U**

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

10. Usual occupation **Housewife**

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.

11. Industry or business \_\_\_\_\_

12. Name **Unknown Wagner** **9**

13. Birthplace **Unknown** **1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Molly Griffin** **7**

15. Birthplace **Unknown** **7**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Cloutier**

(b) Address **8640 S. Grand ave.**

17. (a) **Burial** (b) Date thereof **March 11, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cen.**

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? **⊖**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **MAR 10 1947** (b) **J. P. Bredeck**  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Paul E. Ivames** (M. D. or other) **M.D.**

Address **Paul Brown Bldg** Date signed **MAR 10 47**

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

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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 *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address. *7814 S. Broadway*.....

**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.**