

FILED NOV 28 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10177**

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:
5563 Hebert Ave.
(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)

3. (a) PRINT FULL NAME **R. A. L'Ecuyer**

3. (b) If veteran, name war _____
 3. (c) Social Security No. **338-05-0900**

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Helen**
 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **April 2, 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69 74	7	10	hr. _____ min. _____

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

10. Usual occupation **Salesman**

11. Industry or business **Usano Janitor Supply Co.**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Jack L'Ecuyer**

(b) Address **5563 Hebert Ave.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **11-14-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Chas. J. Strick**

(b) Address **1225 Union Blvd.**

19. (a) **NOV 14 1947**
(Date received at local registrar) (b) **J. F. Brudeck**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **oas**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5563 Hebert Ave.** **9**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **12,** year **1947** hour **12** minute **15** A. M.

21. I hereby certify that I attended the deceased from **February 1947** to **November 11, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
 Due to **Arterio Sclerosis**

Other conditions **830**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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 **H. P. Puckering** (M. D. or other) **DO**
 Address **St. Louis** Date signed **11/12/47**

Duration **45 min.**
 Physician _____
 Underline the cause to which death should be charged statistically.

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

410
6109 National Bridge

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.....

J. Allen Davis Jr.

Licensed Embalmer No.....

4053

P. O. Address.....

St. Louis

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.