

FILED SEP 20 1948 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7681

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: Enroute City Hospital 2
(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)

3. (a) PRINT FULL NAME Henry Alfred Bourque
3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda Bourque 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased December 4th 1896
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 26 If less than one day
hr. _____ min. _____

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

10. Usual occupation Clerk
11. Industry or business U.S. Government

12. Name Eloise Bourque
13. Birthplace Conn.
(City, town, or county) (State or foreign country)
14. Maiden name Victoria ?
15. Birthplace Conn.
(City, town, or county) (State or foreign country)

16. (a) Informant Matilda Bourque
(b) Address Baltimore, Md.

17. (a) Removal (b) Date thereof 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Baltimore, Md.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 31 1948 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write "RURAL")
(d) Street No. Route 14, Box 384
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1948 hour 10:00 minute _____ P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion, Duration
Coronary Sclerosis.

Due to _____

Due to _____

Other conditions: _____
(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? _____

(Specify type of place)
While at work? _____ (e) Means of injury 2
Signature Patricia E. Taylor (M. D. or other)
Address _____ Date signed 8-31-48

OCT 5 1948

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

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

St. Louis, Mo

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.