

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17842**
Registrar's No. **1090**

FILED MAY 28 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, give name before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Johns 0	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3640 Brown Rd. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Central & Forsythe Ave			

3. NAME OF DECEASED (Type or Print) JEROME C. BOUCHER			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Aug. 28, 1880	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8	IF UNDER 1 DAY Days 4	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer		10b. KIND OF BUSINESS OR INDUSTRY Brick layer		11. BIRTHPLACE (State or foreign country) Chicago, Ill. 1		12. CITIZEN OF WHAT COUNTRY? No.	
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13a. FATHER'S NAME Constant Boucher		13b. MOTHER'S MAIDEN NAME Barbara Kenkerberger		14. NAME OF SPOUSE OR WIFE Ida Boucher	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Ida Boucher ADDRESS 3640 Brown Rd. St. Johns	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.</p> <p>DUE TO (b) Arteriosclerosis</p> <p>DUE TO (c) —</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>						1 day	
						16 mo.	
						4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION —				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? —	

22. I hereby certify that I attended the deceased from **Dec. 1, 1948**, to **May 2, 1949**, that I last saw the deceased alive on **April 30, 1949**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy A. Walther M.D.		23b. ADDRESS 2438 Woodson Rd. Overland, Mo.		23c. DATE SIGNED 5-3-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon St. L. Co.		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.	
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DATE REC'D BY LOCAL REG. 5-3-49		REGISTRAR'S SIGNATURE Frank L. ...		25. FUNERAL DIRECTOR'S SIGNATURE Barbara ... ADDRESS 2504 Woodson	
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Overland 14, Mo.

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 3454

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14.

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.