

AUGUST 15 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32929

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9160

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ Mo. b. COUNTY _____							
b. CITY OR TOWN _____ St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN _____ St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ 3973 Holly Hills				e. STREET ADDRESS (If rural, give location) _____ 3973 Holly Hills							
3. NAME OF DECEASED (Type or Print) _____ ALEXANDER			a. (First)			b. (Middle)			c. (Last) _____ BOURG		
4. DATE OF DEATH _____ Sep. 20 1953			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ Married			8. DATE OF BIRTH _____ Jan. 14, 1881			9. AGE (in years last birthday) _____ 72		
5. SEX _____ Male		6. COLOR OR RACE _____ White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ Tavern & Restaurant Owner (Retired)		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) _____ St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME _____ Baptiste Bourg			13b. MOTHER'S MAIDEN NAME _____ Ellen Geillinger			14. NAME OF HUSBAND OR WIFE _____ Dorothy A. Bourg					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ No			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME _____ Dorothy A. Bourg					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Coronary Occlusion ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ Myocardial Chr. DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH _____ 2 mo		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? _____ YES <input type="checkbox"/> NO <input 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 _____ 4201							
22. I hereby certify that I attended the deceased from _____ Aug 10, 1953, to _____ Sept 20, 1953, that I last saw the deceased alive on _____ Sept 20, 1953, and that death occurred at _____ 10:15 ^A m., from the causes and on the date stated above.											
23a. SIGNATURE _____ Joseph W. Larimore				(Degree or title) _____		23b. ADDRESS _____ 3720 Washington Ave			23c. DATE SIGNED _____ Sept 22-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ Removal		24b. DATE _____ Sep. 23, 1953		24c. NAME OF CEMETERY OR CREMATORY _____ Sunset Burial Park		24d. LOCATION (City, town, or county) _____ St. Louis Co. Mo.		(State) _____			
DATE REC'D BY LOCAL REG. _____ SEP 22 1953		REGISTRAR'S SIGNATURE _____ J. Cash Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE _____ Kriegshauser						
					ADDRESS _____ 4228 S. Kingshighway Bl.						

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Stone*.....

Licensed Embalmer No. *400*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.