

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38075
10417
State File No. Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Do A Name Phillip's		25 STREET ADDRESS (If rural, give location) 1239 No 9th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Jeanne b. (Middle) Bourse c. (Last) Bourse		4. DATE OF DEATH Month Nov Day 29 Year 1955	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
8. DATE OF BIRTH 4 Aug 1903		9. AGE (In years last birthday) 52	
10a. USUAL OCCUPATION Librarian		10b. KIND OF BUSINESS OR INDUSTRY Teaching	
11. BIRTHPLACE (City, State or Foreign Country) Miss		12. CITIZENSHIP OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Wm Bourse		13b. MOTHER'S MAIDEN NAME Mr Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Jannie Bell Bourse		ADDRESS 1239 No 9	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medicinal Certification		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrumary Congestion			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343		20. AUTOPSY? YES <input checked="" 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) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1151 E. 11th St.**, from the causes and on the date stated above.

23. SIGNATURE Joseph M. Queen		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/29/55	
24b. DATE 1 Dec 55		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) St Louis Mo	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 29 1955		25. FUNERAL DIRECTOR'S SIGNATURE Wm Reliable		ADDRESS 1771 W. Joyce	
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WRITE PLAINLY—USING 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 *Paul V. Freeman*.....

Licensed Embalmer No. *468*

P. O. Address *4729 Han*

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.