

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17112

File No.
 Registered No. 92
 St. Ward)

1. PLACE OF DEATH

County St. Charles
 Township
 City St. Charles (No. 725 North Second)

Registration District No. 757
 Primary Registration District No. 3036

2. FULL NAME

Louis La Tray

(a) Residence. No. 725 N. Second St. Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**Male**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Divorced**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Fannie Jones**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Sep 10 - 1852**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

77817**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)St. CharlesMo**10. NAME OF FATHER**Baptiste La Trielle**11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY)**St. CharlesMo**12. MAIDEN NAME OF MOTHER**Virginia De Roy**13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY)**St. CharlesMo**14.**INFORMANT
(Address)Stella Peters
725 N. 2nd St.**15.**

FILED

5/30 30 By H Bloebaum
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 27 1930**17.**

I HEREBY CERTIFY, That I attended deceased from July 9, 1928, to May 27, 1930 -
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:Chc NephritisChc Myocarditis

93C (duration) 1 yrs. 9 mos. 28 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

No knowledge**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF.....WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab Ex(Signed) L. D. G. H. Gussow, M. D.

May 27, 1930 - (Address) 200 Clay St St. Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Charles Burial HomeMay 30 1930**20. UNDERTAKER**

ADDRESS

H. D. Gussow & Son 60500 N. 2nd St.

JUN 27 1930

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