NOV 9 1935

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

Do not use this space.

791

31432

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8293

City St. Louis (No. St. Anns Maternity Hospital St. ..... Ward)

2. FULL NAME Christine LaPlante

(a) Residence, No. 7252 Normandy Pl. St., NB Ward. Pine Lawn Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chester B. LaPlante

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 1897.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maeystown, Ills.

FATHER

13. NAME Wm. Steinsick.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER

15. MAIDEN NAME Susan Schaefer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT (ADDRESS) Chester LaPlante 7252 Normandy Pl.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valmeyer, Ills. DATE Oct. 3, 1935

19. UNDERTAKER (ADDRESS) J. N. Gebkin L. & U. Co. 2842 Meramec St.

20. FILED OCT - 2 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/5/35, 19..., to 9/30/35, 19...

I last saw h. ... alive on 9/29/35, 19... Death is said to have occurred on the date stated above, at 10 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Anemia of pregnancy.	6/15/35
2) Pulmonary infarct (3 days after delivery at St Anns - (at Swoblen)	

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [signature], M. D.

(Address) Bernard Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

... THIS IS A PERMANENT RECORD