

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.

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

Do not use this space.

JUN 6 1936

21303

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

File No.....

City *St. Louis, Mo.* No. *City Imperium*

Registered No.....

5519

2. FULL NAME

(a) Residence, No. *City Imperium St. Hospital* Ward. *13*
(Usual place of abode) *13800 Arsenal St.*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Nov 27, 1911

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

24

4

22

22

OCCUPATION

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

Basket Steering

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)

Missouri

FATHER MOTHER

13. NAME

Albert LaRose

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

Missouri

15. MAIDEN NAME

Georgette Raymer

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

Missouri

17. INFORMANT (ADDRESS)

C. G. Johnson 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary Cem* DATE *5/25/36*

19. UNDERTAKER (ADDRESS)

J. H. Gebhardt & Co 7847 Meigs

20. FILED

MAY 26 1936

J. F. Bredeck Registrar.

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

May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 18, 1929, to May 19, 1936

I last saw him alive on *May 19, 1936*. Death is said to have occurred on the date stated above, at *2:55 P.M.*

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

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Progressive muscular dystrophy

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?.....

If so, specify.....

(Signed) *C. G. Johnson*

M. D.

(Address) *5800 Arsenal St. St. Louis, Mo.*

