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.

REC'D MAR 13 1939

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

4765
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 1458
(c) City St. Louis Missouri (d) Street No. De Paul Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 650 Philipine Carron
(a) Residence, No. ..... St. NR Bloomington Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 23, 1869

7. AGE: YEARS 69 MONTHS 5 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomsdale Missouri 0

FATHER
13. NAME: Vital LaRose 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomsdale Missouri 181

MOTHER
15. MAIDEN NAME: Mary Morice 15
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomsdale Missouri

17. INFORMANT (ADDRESS): Lawrence Carron Bloomsdale Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomsdale Mo. DATE Feb. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED ..... 19 ..... J. D. Budick Local Registrar.
FEB 14 1939

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13/39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 A.M. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Second and Third Degree Burns of L legs and lower part of body, suffered when deceased was burned when her clothing caught fire while standing near cooking stove in her home, about five miles south of St. Genevieve, Missouri, exact time and exact date unknown/

Bldg. did not burn.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Unk. 19 39
Where did injury occur? Bloomsdale Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home.
Manner of injury See Above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Alfred Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Albert W. Kappe

Licensed Embalmer No. 1861

P. O. Address 4700 Washington

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**