

1939 APR 12 1939

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

8479
Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....⁷⁹¹
(b) Township..... Primary Registration District No.....¹⁰⁰⁸
(c) City St. Louis, (d) Street No. Maryville College. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mother Georgina La Pierre.

(a) Residence, No. Maryville College. St. 15 2700 MERRIMACK ST
(Usual place of abode, if no street address, write county or city) (If transient, 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1860.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherbrooke, Canada.

FATHER 13. NAME Joseph La Pierre.

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

MOTHER 15. MAIDEN NAME Rose Bell.

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

17. INFORMANT Mother Tracy.
(ADDRESS) Maryville College.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 9, 1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly.
(ADDRESS) 3840 Lindell Blvd.

20. FILED MAR 8 1939 J. D. Beecher
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from December, 1930, to March 7th, 1939

I last saw h.e.r. alive on March 6th, 1939. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Diabetes mellitus

Date of onset
Oct
8th
1936

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Edmund S. Smith, M.D.

(Address) 3720 Washington Ave

K. 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.

3720 Wood
230 — 3 PM

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 Alfred J. Boedetter
Licensed Embalmer No. 2663
P. O. Address 4204 Buene

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