

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

FILED AUG 28 1941 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether

In this community 1 years, months or days) (Specify whether

3. (a) PRINT FULL NAME Louise La Bonde

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

7. (b) Name of husband or wife George La Bonde

7. (c) Age of husband or wife if alive 26 years

8. Birth date of deceased Feb 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 20  
If less than one day hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

12. Name Schallert

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unkname

15. Birthplace Unkname  
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph La Bonde

(b) Address 107 Naylor Ave Pine Lawn, Mo

17. (a) Burial (b) Date thereof 7/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Louise La Bonde

(b) Address 107 Naylor Ave Pine Lawn, Mo

19. (a) JUL 15 1941 (b) J. B. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")

(d) Street No. 1813 So. 7th St.  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15, year 1941 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from July 13, 1941 to July 15, 1941; that I last saw h. or alive on July 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to 88

Other conditions 88  
(Include pregnancy within 3 months of death)

Major findings: Of operations 88

Of autopsy 88

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

(f) Means of injury.....

23. Signature Jan B. Dominick (M. D. or other) D

Address 1515 Lafayette Ave. Date signed 7/15/41

**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 *John M. Meyer*.....

Licensed Embalmer No. *3288*.....

P. O. Address *Hickwood, Mo.*.....

**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, fact should be so stated above.**