

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23717

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 100c

Registrar's No. 6059

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution Firm Desloge Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 30 yrs. 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George La Rose

3. (b) If veteran, name war none

3. (c) Social Security No. 492-09-3778

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife Edna La Rose

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 17 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Foreman Scullin Steel Co.

11. Industry or business _____

MOTHER FATHER { 12. Name Moses La Rose

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Josephine (Watkinson)
(City, town, or county) (State or foreign country)

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edna La Rose

(b) Address 1352 Central Ave.

17. (a) Burial (b) Date thereof 7-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director A. N. McLaughlin

(b) Address 2317 Lafayette Ave.

19. (a) JUL 25 1941 (b) J. T. Bredenkamp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1352 Central Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? none 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 1941 hour 10:00 minute A. P. M.

21. I hereby certify that I attended the deceased from 7/14/41
_____ 19____ to 7/23/41 _____ 19____
that I last saw him alive on 7/23/41 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral softening & neurons

Due to thrombosis of the internal carotid artery 3 wks.

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy confirmed above

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) (c) Means of injury.

23. Signature Ryan Meyers (M. D. 0)
Address 1325 S. Bond Ave Date signed 7/24/41

000
17
9

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Ralph C Linders

Registered Apprentice No. *281*

working under my personal supervision.

Signed

Paul a Keith

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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.