No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26083

AUG 13 1941

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste. Gen. 95

(c) City ~~or town~~ Ste. Genevieve 1
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME AUGUST L. LAROSE

3. (b) If veteran, name war .....

3. (c) Social Security No. 492-03-4705

4. Sex MALE ( )

5. Color or race WHITE

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

6. (b) Name of husband or wife MARIE E. NEWINGHAM

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased JAN (Month) 3 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
53	6	23	..... hr. ..... min.

9. Birthplace STE. GENEVIEVE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LABORER

11. Industry or business LIME KILNS

FATHER
12. Name STANISLAUS LAROSE
13. Birthplace STE. GENEVIEVE (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ODILE MORICE
15. Birthplace STE. GENEVIEVE (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Frances La Rose
(b) Address Ste. Genevieve Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 28 (Day) 41 (Year)
(c) Place: burial or cremation Ste. Genevieve Mo

18. (a) Signature of funeral director Leo C. Boehm
(b) Address Ste. Genevieve Mo

19. (a) July 28/41 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1941 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 12 1940, to July 26 1941, that I last saw him alive on July 26 '41 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	4 hours
Due to Arterio-Sclerosis	2
Cerebral Hemorrhage	8 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

43A

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature R. W. Lanning (M. D. ~~or other~~) 0
Address Ste Genevieve Mo Date signed 7/27/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 5 1941

APR 1 5 1949

FEB 9 1949

APR 12 1949

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 Lea C. Basler, Registered Apprentice No. ..... working under my personal supervision.

Signed Lea C. Basler

Licensed Embalmer No. 1985

P. O. Address St. Genevieve Ill.

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

If this body is not embalmed, fact should be so stated above.