S. No. 2
—4-13-40
5-17-39

FILED SEP 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 27018

Registrar's No. 6810

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

000
17
9

1. PLACE OF DEATH:
(a) County St. Louis
(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: 2243A Howard St.
(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 Missouri (b) County 000
(c) City or town St. Louis 20 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2243a Howard St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Latain

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

6. (b) Name of husband or wife Carl Latain

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

7. Birth date of deceased July (Month) 2 (Day) 1849 (Year)

8. AGE: Years 92 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Mittelbraun (City, town, or county) & Alsac Lorraine (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Michell Letang
13. Birthplace (City, town, or county) & Alsac Lorraine (State or foreign country)

MOTHER
14. Maiden name DON'T KNOW
15. Birthplace (City, town, or county) & ALSAC-LORRAINE (State or foreign country)

16. (a) Informant John Lataine
(b) Address 2243a Howard st.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Boul.

19. (a) AUG 21 1941 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19 year 1941 hour 7:20 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 1, 1941 to Aug 19, 1941 that I last saw her alive on Aug 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion with Chr myocarditis & Art. Sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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) no
(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 A. F. Henke (M. D. or other) 0
Address 4901 Easton Ave. Date signed 8/20/41

(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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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.