

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

Registration District No. **791**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **7288**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. L. City Hospital # 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days** (Specify whether years, months or days)

In this community **16 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **23-17**

(d) Street No. **1715a Park Avenue** (If rural, write location) **8**

(e) Citizen of foreign country? **Attending Physician** (Specify or No)

If yes, name country _____

3. (a) PRINT FULL NAME **JASPER SAMUEL LaROSE**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **eight** year **1941** hour **8:00** minute **4** M.

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

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **NELLIE** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **September 20 1866**
(Month) (Day) (Year)

Immediate cause of death
Laceration of Throat Self
Inflicted with Razor at his
Home 1715a Park Ave on Sept 3,
1941 About 2:15 am

Due to _____

Other conditions (Include pregnancy within 3 months of death) **164d**

8. AGE: Years Months Days If less than one day

74 **11** **18** hr. min.

9. Birthplace **Bloomsdale, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles LaRose**

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

14. Maiden name **Clemantine Laumendier**

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

16. (a) Informant **Albert LaRose**

(b) Address **1715a Park Avenue**

17. (a) **Burial** (b) Date thereof **9-11-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **A.W. McLaughlin**

(b) Address **2301 Lafayette Avenue**

19. (a) **SEP 9 1941** (b) **P. Beudack**
(Received local Registrar) (Registrar's signature)

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) **Suicide**

(b) Date of occurrence **Sept 3 - 1941**

(c) Where did injury occur? **at home** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home** (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Thomas J. Callahan** (Registrar or other) **2/9/41**

Address **Deputy Coroner** Date signed _____

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

73
00
17
9

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 Lindero....., Registered Apprentice No. *281*
working under my personal supervision.

Signed *R.R. Cooper*.....
Licensed Embalmer No. *3633*.....
P. O. Address *2317 Doby St*.....

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.