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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33478

FILLED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8434

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0007

(c) City or town St. Louis 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5015 Winona Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth La Rue

3. (b) If veteran, name war No

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 George

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

7. Birth date of deceased August (Month) 4 th. (Day) 1866 (Year)

8. AGE: Years 75 Months 2 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Peter Hoertel
13. Birthplace -------- (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Margaret Andreas
15. Birthplace Baltimore (City, town, or county) Md. (State or foreign country)

16. (a) Informant George La Rue
(b) Address 3401 Union Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 27 (Day) 41 (Year)
(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Tucker-Helderle Undt. Co.
(b) Address 3634 Gravois Ave.

19. (a) OCT 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 6 - 1941
~~[illegible]~~ 1941, to 10-23-1941 19
that I last saw her alive on Oct. 23 - 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of the Myocardium and Terminal Pneumonia, bronchial

Due to Fracture left femur

Due to Hypertension and general arterio-sclerosis

Other conditions Senility
(Include pregnancy within 3 months of death)
Mitral Insufficiency

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence Oct. 6, 1941
(c) Where did injury occur? St Louis (City or town) Mo (County) 000 (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? No (e) Means of injury Fall

23. Signature J. P. Murphy (M.D. ~~or other~~)
Address 2016 N. Kingshighway Ave St. Louis Mo Date signed

(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.....Frank J. Hyland.

Licensed Embalmer No.....26645

P. O. Address.....St Louis 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.