

FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34910**
Registrar's No. **812**

Registration District No. **318**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **Springfield Baptist Hospital**
(d) Length of stay: **30 minutes**
In this community **30 minutes**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **1945 Cherokee**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Baby LaBruyere**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **October 7, 1941**

8. AGE: Years **0** Months **0** Days **0** If less than one day **0 hr. 30 min.**

9. Birthplace **Springfield, Missouri**

10. Usual occupation **Infant**

11. Industry or business

MOTHER FATHER { 12. Name **Charles La Bruyere**
13. Birthplace **Unknown Missouri**
14. Maiden name **Marcella Meinz**
15. Birthplace **Unknown Missouri**

16. (a) Informant **Mrs. Marcella Meinz LaBruyere**
(b) Address **Springfield, Missouri**
17. (a) **Burial** (b) Date thereof **10 / 7 / 41**
(c) Place: burial or cremation **Eastlawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **10-7-41** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **7th**
year **1941** hour **8:55** minute **A.M.**

21. I hereby certify that I attended the deceased from **10-7-41** to **10-7-41**
that I last saw **him** alive on **10-7-41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth**

Due to **Orew Exhaus of mother**

Due to **Cathartic**

Other conditions **none**

Major findings: Of operations **none**
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **none**
(b) Date of occurrence **none**
(c) Where did injury occur? **none**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

While at work? **none** (Specify type of place) (e) Means of injury **none**
23. Signature **P. F. Freeman** (M. D. or other)
Address **Springfield, Mo** Date signed **10/7/41**

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.....

....., Registered Apprentice No.
working under my personal supervision.

This Body not Embalmed

Signed.....

Licensed Embalmer No.....

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.