

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8935

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:  
Little Sisters of Poor 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2-Months  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3400 S. Grand Blvd.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th.  
year 1941 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from Oct 7 to Nov 10 1941  
that I last saw him alive on Nov 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Arterio Sclerosis  
Due to.....  
Due to.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

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: Arthur J. Donnelly (M. D. or other)  
Address New Club Bldg Date signed 11/11/41

3. (a) PRINT FULL NAME Mary F. de Lassus

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Placide de Lassus 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 22nd, 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 4 18 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Henry L. Clark

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

14. Maiden name Mary Bogv

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clark de Lassus

(b) Address 3920 Blaine Ave.

17. (a) Burial (b) Date thereof 11-12-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 19 1941 (b) J. J. Braddock  
(Date received local health report) (Registrar's signature)

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

4015  
287534  
Jan 47 17  
1630  
W.H. Van Matre

**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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**