

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Days  
(Specify whether \_\_\_\_\_)  
In this community 58 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2218 1/2 Benton St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Anna Dorothy La Tour

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 late Edward La Tour 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 18 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 2 14 hr. min.

9. Birthplace Germany (City, town, & county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Frederick Suchfort  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edward La Tour

(b) Address 5316 Janet

17. (a) Burial (b) Date thereof 5-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.

(d) Signature of funeral director J. F. Brebeck

Address 2223 St. Joseph Ave

MAY 1 1942  
Date received local registrar

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2, year 1942 hour 1:00 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from April 20, 1942 to May 2, 1942  
that I last saw h. ET alive on May 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Serum Reaction

Due to \_\_\_\_\_

Due to Chronic Infectious Arthritis  
Other conditions not tubercular  
(Include pregnancy within 3 months of death)

Major findings: Of operations 59 a  
Of autopsy Not done 5/7

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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature M. W. Lewis (M. D. John)  
Address 1515 Lafayette Avenue Date signed 5/1/42

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

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2323 St. Louis ave.

**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.**