

FILED AUG 3 1942

State File No. _____

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 1596

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Meramec River, Bonhomme Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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")
(d) Street No. 4503 Delmar Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Elsie Dale LaMacchia

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec. 16 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 7 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Farmersville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Chas. Peterson

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

14. Maiden name Jennie Sharpe

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

16. (a) Informant Alta Cody

(b) Address 1224 Grieffield Pl.

17. (a) Burial (b) Date thereof 7-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Angie H. Boyd

(b) Address Kirkwood Mo.

19. (a) JUL 27 1942 (b) B. C. (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally drowned in Meramec River.

Due to drowning.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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) Accident
(b) Date of occurrence July 22, 1942
(c) Where did injury occur? Meramec River
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? _____ Means of injury _____

23. Signature Angie H. Boyd (M. D. or other) _____
Address Kirkwood, Mo. Date signed 7/24/42

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

96
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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 Louis H. Doff

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.