

FILED FEB 1 1948
Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3117 South Broadway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: 4 Weeks (Specify whether years, months or days)

In this community 4 Weeks

3. (a) PRINT FULL NAME Bobby LeRoy LaChance

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1942 years

7. Birth date of deceased Oct 18 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>4</u>		hr. min.

9. Birthplace Potosi Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

MOTHER FATHER { 12. Name William Edward LaChance

{ 13. Birthplace Madison County Mo. 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name Josephine Barton

{ 15. Birthplace Flat River Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine LaChance

(b) Address 3117 South Broadway

17. (a) Burial (b) Date thereof 1-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Boyer Funeral Home

(b) Address Potosi, Mo.

19. (a) JAN 23 1948 (b) J. F. Brudeck
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town 3117 South Broadway
(If outside city or town limits, write "RURAL.")

(d) Street No. St. Louis
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 43 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Patent Avale
157
to 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 Patent Avale

Due to 157

Due to 157

Other conditions 157
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 157

Of autopsy 157

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

Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 1/23/48

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. Embalmed
W. H. Boyer

.....
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.