

APR 19 1943 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3376

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:
1432 Hills Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 34 Years

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. 1432 Hills Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME Malinda P LaBryer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, widowed Divorced, Widowed

6. (b) Name of husband or wife Lewis A LaBryer

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

7. Birth date of deceased 4 23 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-Wife

11. Industry or business At Home

12. Name Miller

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

14. Maiden name Unknown

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

16. (a) Informant Glycle McBryer

(b) Address 1432 Hills Terrace

17. (a) Burial (b) Date thereof 4/ 12 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Motor Burgess, Cemetery Bernhart Mo.

18. (a) Signature of funeral director RW McLaughlin

(b) Address 2301 Lafayette

19. (a) APR 12 1943 J. F. Prudeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 7 minute 20 AM

21. I hereby certify that I attended the deceased from March 2 to April 9, 1943
that I last saw her alive on April 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis

Due to: Circumflex L. Ar.

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

Major findings: No

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? _____

While at work? _____

(Specify type of place) (e) Means of injury MD

23. Signature J. F. Prudeck (M. D. or other) MD
Address: 4203 Oregon Date signed 4-9

Duration 2 days
3 years

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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..... *L.R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 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.