

FILED APR 10 1943 18

Primary Registration District No. **1000**

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

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 Mo. 15 Days
68 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000 17 919**

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4221 W. Pine St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Julius Lamothe

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

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 Sept. 14th. 1874 years (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 6 17 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name Joseph Lamothe

13. Birthplace France
(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 Mrs. Mae Baxter

(b) Address 4211 Westminster Ave.

17. (a) Burial (b) Date thereof 4-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) APR 1 1943 (b) J. J. Brudcek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31, year 1943 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from February 17, 1943 to March 31, 1943 that I last saw him alive on March 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death:
PULMONARY ABSCESS
Cause unknown
PNEUMONIA, Bron.

Due to.....

Due to THROMBOSIS LEFT MIDDLE CEREBRAL ARTERY

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

Major findings: Of operations AS

Of autopsy refused

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)

23. Signature Wes. Wade (M. D. or other) 0

Address 1515 Lafayette Avenue. Date signed 3/31/43

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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 S. Linn St*

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.