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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23205

FILED JUL 17 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6136

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:
3143 New Ashland Place., /
(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 17

(c) City or town St. Louis 7 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3143 New Ashland Place.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Lathom

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mary E. Lathom

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August (Month) 8 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	28	hr. min.

9. Birthplace Princeton (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation Retired Fireman

11. Industry or business

FATHER
12. Name James Lathom
13. Birthplace Unknown (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Julia Davis
15. Birthplace Unknown (City, town, or county) Unknown / (State or foreign country)

16. (a) Informant Mary E. Lathom
(b) Address 3143 New Ashland Place.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Princeton, Indiana

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUL 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1943 hour 10 minute 50 A M.

21. I hereby certify that I attended the deceased from Jan 1943 to July 6 1943
that I last saw him alive on July 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with general arteriosclerosis

Due to

Due to

Other conditions Endarteritis Obliterans of both legs
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. F. Hecker (M. D. or other)

Address 4901a Easton Date signed 7/6/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1861

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.