

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 586
Registrar's No. 790

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Mo.
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution..... 3 days
In this community..... 71 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... City of St. Louis
106 N. Sixth St.
(e) Citizen of foreign country?..... No
If yes, name country..... 0

3. (a) PRINT FULL NAME..... William La Point
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..... years

7. Birth date of deceased..... April 21 1872
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
71 9 3 hr. min.

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation..... Laborer

11. Industry or business.....
12. Name..... John LaPoint
13. Birthplace..... Canada
(City, town, or county) (State or foreign country)
14. Maiden name..... Jane Lablonde
15. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Jeanne Stills
(b) Address..... 8611 Elgin Ave, Affton, Mo
17. (a) Burial (b) Date thereof..... 1-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Mt. Olive Cemetery

18. (a) Signature of funeral director..... Southern Funeral Home
(b) Address..... 6322 So. Grand Blvd.
19. (a) JAN 26 1944 J. F. Polesch
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January 24th
year..... 1944 hour..... 5:15 minute..... P. M.
21. I hereby certify that I attended the deceased from..... January 21st
....., 1944, to..... January 24th 19. 44

that I last saw h. im alive on..... January 24th 19. 44
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pulmonary tuberculosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
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.....
23. Signature..... W. J. Madge (M.D. or other) 1/25/44
Address..... 1515 Lafayette Date signed.....

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

FATHER
MOTHER

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

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.....

Virgil L. Berryman

..... Licensed Embalmer No.....

4018

P. O. Address.....

St Louis, 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.