

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

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37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19942  
State File No. 19942  
5709  
Registrar's No.

FILED JUN 30 1944  
818

Registration District No. Primary-Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(c) Name of hospital or institution: De Paul Hospital  
(d) Length of stay: In hospital or institution 39 years 0  
In this community 39 years 0

3. (a) PRINT FULL NAME EDWARD LA TOUR  
3. (b) If veteran, name war  
3. (c) Social Security No. 488-01-0412

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen La Tour  
6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased April 7 1905

8. AGE: Years 39 Months 2 Days 16  
If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business

MOTHER FATHER  
12. Name Edward La Tour  
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Anna Suchford (City, town, or county) (State or foreign country)  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edward La Tour  
(b) Address 5316 Janet Ave

17. (a) Burial (b) Date thereof June 26 1944  
(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director Henry Leidner Und Co.  
(b) Address 2223 St. Louis Ave

19. (a) JUN 25 1944 (b) J. F. Predeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis County  
(c) City or town Jennings Mo.  
(d) Street No. 5316 Janet Ave  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country

20. DATE OF DEATH: Month JUNE day 23  
year 1944 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 1943  
that I last saw him alive on June 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dehydration of Heart  
Broken heart asthma  
Due to Cardiac degeneration  
Duration 1 day

Due to  
Other conditions  
Major findings: Of operations  
Of autopsy

121  
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

Where did injury occur?  
(c) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury  
23. Signature of physician J. F. Predeck (M. D. or other)  
Address 1878 Madison Date signed 6/25/44

**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 *Albert G. Hopper*.....

Licensed Embalmer No. *2971*.....

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.**