

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32516

State File No.

8788

FILED OCT 23 1944
818

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(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 _____

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

(d) Street No. 2152 Nebraska
(If rural, give location)

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

3. (a) PRINT FULL NAME Francis Xavier LaRose

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 Married

6. (b) Name of husband or wife Eva LaRose

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 3 1867
(Month) (Day) (Year)

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

76	10	12	hr. min.
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9. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Bartender

11. Industry or business _____

MOTHER FATHER { 12. Name Zeno LaRose

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

14. Maiden name Eva Unknown

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

16. (a) Informant Eva LaRose

(b) Address 2152 Nebraska St.

17. (a) Burial (b) Date thereof 10-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Cemetery

18. (a) Signature of funeral director Donnell Deitrich

(b) Address De Soto, Missouri

19. (a) OCT 16 1944 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1944 hour 6:20 minute P. M.

21. I hereby certify that I attended the deceased from February 20th
1944 to October 15th 19 44
that I last saw him alive on October 14th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion 4 hours
Due to Arterio-sclerosis 5 yrs.

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

Major findings: _____
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature Albert Weisbarth (M. D. or other) MD.
Address 3606 Gravois Date signed 10/16/44

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 *Albert G. Kappeler*

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.