

FILED FEB 7 1945

318

Primary Registration District No.

1003

Registrar's No.

988

1. PLACE OF DEATH:

(a) County St
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Isolation Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12-8-44 (Specify whether 0)
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMEMuriel La Rue3. (b) If veteran,
name warNil3. (c) Social Security
No. None4. Sex Female5. Color of
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Unknown6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

Feb131922

(Month)

(Day)

(Year)

8. AGE:

Years

22

Months

11

Days

16

If less than one day

hr. _____ min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

House Wife

11. Industry or business

12. Name

George Scoble

13. Birthplace

Missouri

(State or foreign country)

14. Maiden name

BBracey Dutton

15. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Nellie Harris

(b) Address

5600 Arsenal17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 1-31-45

(Month) (Day) (Year)

(c) Place: burial or cremation

Festus, Missouri

18. (a) Signature of funeral director

Albert H. Hoppe

(b) Address

4700 Washington Blvd19. (a) JAN 29 1945

(Date received local registrar)

(b) J. F. Bruleck

(Registrar's signature)

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. 5350 Cote Brilliant
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
 year 45 hour _____ minute 105P M.

21. I hereby certify that I attended the deceased from 12-8-44
Jan 28-45, 19____, to _____, 19____;
 that I last saw him alive on Jan 28-45
 and that death occurred on the date and hour stated above.

Immediate cause of death generalized
tuberculosis lungs
affected

Duration

7 mo.

Due to _____

Due to _____

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 sta-
tistically.

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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
 Address 5600 Arsenal Date signed 1/28/45

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.....

G. W. Wilkins
Licensed Embalmer No..... *3575*

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.