V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11453

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3062

1. PLACE OF DEATH:

(a) County
(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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9yr. 10mo. 8ds. (Specify whether
In this community 25 yrs. 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. 2725a S. Tenth St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT LAROSE

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June (Month) 30, (Day) 1882 (Year)

8. AGE: Years 62 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Blumsdale (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Henry LaRose
13. Birthplace Blumsdale (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lena Thomure
15. Birthplace Blumsdale (City, town, or county) Missouri (State or foreign country)

16. (a) Informant T. Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Blumsdale, Missouri

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

19. (a) APR 5 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5, year 1945 hour 1200 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 26, 1944 to April 5, 1945 that I last saw him alive on April 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis	21ds.
Due to Paresis, General	1935x
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 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 Palmer Romaine Bowdish (M. D. or other)
Address 5400 Arsenal St. Date signed 4/5/45

(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.....G. W. Wilkinson

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.