. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35529

FILED DEC 7 1945

State File No.

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 10284

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:
8118 S.Broadwa y /
(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 Mo. (b) County 000

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

(d) Street No. 8118 S.Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT LATREILLE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Ma le

5. Color or race White

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

6. (b) Name of husband or wife Lillian La treille

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

7. Birth date of deceased November (Month) 8 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	0	19	hr. min.

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

10. Usual occupation Coal Dea ler

11. Industry or business

FATHER
12. Name Gabriel Latreille
13. Birthplace St.Charles (City, town, or county) Mo. (State or foreign country) U

MOTHER
14. Maiden name Adeline Robert
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant William Lattray
(b) Address 2020 Wyoming st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.29,45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Hope emetery

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.
(b) Address 7814 S.Broadway St.Louis,Mo.

19. (a) NOV 28 1945 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1945 hour 6:30 minute AM M.

21. I hereby certify that I attended the deceased from 11-9- 1944 to 11-27- 1945
that I last saw him alive on 11-26- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia — Duration 7 days.

Due to Chronic Myocarditis one year

Due to Senility

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 D.S.P. nutt (M. D. or other)
Address 6006 Va. ave Date signed 11-27-45

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.