

No. 2  
1-5-43  
5-17-39  
I X36671

FILED JAN 21 1946  
318  
Registration District No. ....

Primary Registration District No. .... 1003

State File No. ....  
Registrar's No. .... 239

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:  
Missouri Baptist Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 DAYS  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County .....  
(c) City or town SAINT LOUIS:  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4480 WESTMINSTER PLACE  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Herbert J. Latta.

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife BERNICE KIEFFER LATTA 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased MAY 26 1872  
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day  
73 7 12 hr. min.

9. Birthplace COLUMBIA TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation LIVE STOCK DEALER.

11. Industry or business NAT'L STOCK YARDS, ILL

12. Name SIMS LATTA

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

14. Maiden name MARY CORDELIA HACKNEY

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

16. (a) Informant MRS HERBERT J. LATTA

(b) Address 4480 WESTMINSTER PLACE

17. (a) BURIAL (b) Date thereof JAN/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director: C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd

19. (a) JAN 8 1946 (b) J. Brecheen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8  
year 1946 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from 26 December 1945 to 8 Jan. 1946  
that I last saw h. sm. alive on 7 January 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, acute generalized Duration 16 days  
Due to Volvulus of ileum with perforation, spontaneous 16 days

Other conditions Coronary sclerosis 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings: Of operations 10/11/45 PHYSICIAN  
Of autopsy as above  
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 Truman S. Strake (M. D. or other) D  
Address 114 N. Taylor Date signed 8 Jan '46

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

2763

114 N. Taylor  
95-8600  
1 to 5 - P. 24

**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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

**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.**