S. No. 2
M—2-43
5-17-39
P1 X35697

2137

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

State File No. 4059

FILED JAN 21 1946

Registration District No. 3 Primary Registration District No. 6076 Registrar's No. 4

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution Since 12/1/45 (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town Festus,
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph E. LaPRESTA

3. (b) If veteran, name war World II

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife - -

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

7. Birth date of deceased January (Month) 2 (Day) 1927 (Year)

8. AGE:

Years	Months	Days	If less than one day
19	0	5	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Unknown

FATHER
12. Name Charles LaPresta
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Helen Vaughn
15. Birthplace Festus (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clinical Records, Vet. Admin.
(b) Address Hospital, Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Crystal City Mo

18. (a) Signature of funeral director Fink Und. Co.
(b) Address Festus Mo

19. (a) 1-7-46 (Date received local registrar) (b) E. M. Gorman M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1946 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from December 1, 1945 to January 7, 1946
that I last saw him alive on January 7, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMATOSIS, INTRA-ABDOMINAL	Unknown
Due to - -	
Due to - -	
Other conditions None (Include pregnancy within 3 months of death)	

55 e

Major findings:
Of operations Sigmoidostomy-11/12/45 at O'Reilly General Hospital
Of autopsy None

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) No
(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 HARVEY E. SISK, Major, MC, (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 1/7/46

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1946

JUN 2 1946

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 Elena Prouse

Licensed Embalmer No. 3403

P. O. Address Testus 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.