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

2138

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1946

State File No. 4060

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 272

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Vinita Park Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8135 Washington Ave., Vinita Park, Mo. /
(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 Missouri (b) County St. Louis 96

(c) City or town Vinita Park 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8135 Washington Avenue 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Audrey B. Latta

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Otta Richard Latta

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April (Month) 30 (Day) 1876 (Year)

8. AGE: Years 69 Months 9 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Moulton (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Thomas Law
13. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Rachael Booth
15. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Otta Richard Latta
(b) Address 5240a Paulian Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address 6633 Clayton Rd., St. Louis, Mo.

19. (a) 2-4-46 (Date received local registrar) (b) E G McGarran MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1946 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov-27 1945 to Jan 31, 1946 that I last saw her alive on Jan 30-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypostatic Pneumonia

Due to 8301

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 Roy Compton (M. D. or other)

Address 6127 Page Date signed 2/1/46

(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.....

Licensed Embalmer No. 1994

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.