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

5949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6998

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 330

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Ht (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital (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 Oak

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5623 Enright Avenue (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Stephen Allen LaBrier

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased January 12, 1946 (Month) (Day) (Year)

8. AGE: Years x Months x Days 24 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Frederick W. LaBrier
13. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Myrtle Allen
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Frederick W. LaBrier
(b) Address 5623 Enright Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 7, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue

19. (a) 2-8-46 (Date received local registrar) (b) E D McGerran M D (Registrar's signature) MSG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6 year 46 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-18, 1946, to 2-6, 1946 that I last saw him alive on 2-6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Meningo-myeloid

Due to Hydrocephalus

Due to Congenital 1579

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

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)

(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 0

23. Signature C. P. Lynxwiler (M. D. or other) M.D.

Address N. Marys Hospital Date signed 2-6-46

(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.

Not Embalmed

Signed Merle Shepard

Licensed Embalmer No. 3555

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.