

FILED JUL 7 1946
Registration District No. _____

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 1/2 hrs.
(Specify whether years, months or days)

In this community 6 months

3. (a) PRINT FULL NAME Amanda LaPlante

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Ernest LaPlante

6. (c) Age of husband or wife if alive, years 8

7. Birth date of deceased Sept. 8 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 22
If less than one day hr. _____ min. _____

9. Birthplace Princeton Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation NMR

11. Industry or business None

MOTHER FATHER { 12. Name Samuel B. Schultz

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name SUSANNA Whistler

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant L. Arthur LaPlante

(b) Address 4084 Quincy St, St. Louis, Mo.

17. (a) Cremation (b) Date thereof 7 2 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri General

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand

19. (a) 67-1-46 (b) E. H. McHavran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Manchester
(If outside city or town limits, write "RURAL")

(d) Street No. Pine Crest Nursing Home
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 30
year 1946 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from JUNE 29 1946, to JUNE 30 1946;
that I last saw h.p. alive on JUNE 30 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure from shock following fracture of hip. Duration 10 hours

Due to Fracture of rt. hip 18 hrs.

Due to 1946

Other conditions Senile dementia
(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) fell out of bed 96

(b) Date of occurrence 6-29-46

(c) Where did injury occur? Pine Crest Nursing Home, Manchester
(City or town) (County) (State) Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (e) Means of injury 1

Signature Paul Blawie (M. D. or other) MD

Address St. Louis Co Hosp Date signed 6/30/46

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.....

J. Wm. Buckley

Licensed Embalmer No.....

3653

P. O. Address.....

J. Louis, Md.

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.