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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21943

FILED JUN 26 1946

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 52877

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: Barnes 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 Illinois (b) County Randolph

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

(d) Street No. 616 N. Washington Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Carlos R. Lashbrook

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 332-05-4860

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Glendola Lashbrook

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

7. Birth date of deceased May (Month) 13 (Day) 1892 (Year)

8. AGE: Years 54 Months 0 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Clark County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Lineman

11. Industry or business Illinois Power Co.

FATHER
12. Name William Lashbrook
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Rose Wells
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Glendola Lashbrook
(b) Address Sparta, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 19 1946 (Date received local registrar) (b) J. T. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1946 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Shock and Crushing Scalp Injury, neck and both legs broken, he came in contact with 6000 volts of transmission line while working for the Illinois Power Company in a pole half way up

Due to: Electrical Burns

Other conditions (Include pregnancy within 3 months of death)

Major findings: Autopsy

Operations: 1:30 P.M. June 10

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) Accident
(b) Date of occurrence June 10 1946
(c) Where did injury occur? Sparta Ill. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)
While at work? ..... (e) Means of injury Electricity

23. Signature Patrick E. Taylor (M.D. or other)
Address Dep. Coroner Date signed 6/13/46

(Licensed Embalmer's Statement on Reverse Side)

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

20812

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.