

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42007
State File No. _____
Registrar's No. 3471

FILED DEC 17 1946

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nazareth Convent / Forder & Ringer Rd.
(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

3. (a) PRINT FULL NAME Sister M. Etienne La Rose

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color of 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 March 1 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 5 hr. min.

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

10. Usual occupation Religious

11. Industry or business _____

12. Name Henry LaRose

13. Birthplace Bloomsdale Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schwies

15. Birthplace Ste. Genevieve Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address Nazareth Convent Lemay, Mo.

17. (a) Burial (b) Date thereof Dec. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 12-10-46 (b) Walter Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay Rural
(If outside city or town limits, write "RURAL.")
(d) Street No. Forder & Ringer Rd.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1946 hour 11 minute AM

21. I hereby certify that I attended the deceased from June 6, 1946, to Dec 6, 1946
that I last saw her alive on Dec 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of the stomach ?

Due to _____

Due to 46 &

Other conditions _____
(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) _____

(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? _____

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

23. Signature Waldo Hull (M. D. or other)

Address Lemay R 8 (23) Mo Date signed 12/8/46

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 *Linus Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.