

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19722
Registrar's No. 1643

Registration District No. 377 Primary Registration District No. 3066-07b

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Route #12, Kirkwood
(c) Name of hospital or institution:
Twin Six Auto Court, Hi. 66
(d) Length of stay: In hospital or institution _____
In this community Several Year's

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town R. R. #12, Kirkwood
(d) Street No. Hi-66 & Lindbergh
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Margaret Julia La Rue
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Arthur La Rue 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Sept. 27, 1911

8. AGE: Years 35 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace High Ridge, Mo.

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Schneede
13. Birthplace Jefferson County, Mo.
14. Maiden name Elizabeth Hendricks
15. Birthplace Jefferson County, Mo.

16. (a) Informant Arthur La Rue

(b) Address Twin Six Auto Ct. R.R. 12, Kirkwood

17. (a) Burial (b) Date thereof 5/14/47

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 5-19-47 (b) Cecelia J. Shapley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour ONE minute 05 A.M.
21. I hereby certify that I attended the deceased from April 1947 to May 1947
that I last saw her alive on May 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Duration 10 days

Due to Cardio-Vascular-Renal Disease

Due to Paresis (Leuetic)

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

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature J.M. Dillingham M.D. or other D O

Address Valley Park, Missouri Date signed 5-12-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Peter B. Dubouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, N.J.

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.