

National Office of Vital Statistics
FILED JUL 12 1947
#72582

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **City Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **11 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
 (c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **144 Russell Avenue** **19**
(If rural, give location)
 (e) Citizen of foreign country?..... **NO** **10** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **ALICE LA CHANCE**
 3. (b) If veteran, name war..... **nil**
 3. (c) Social Security No. **none**

4. Sex..... **F** 5. Color or race..... **W** 6. (a) Single, widowed, married, divorced..... **W 2**
 6. (b) Name of husband or wife..... **Frank** 6. (c) Age of husband or wife if alive..... **53** years
 7. Birth date of deceased..... **February 10, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	4	23hr.min.

9. Birthplace..... **Potosi, Missouri** (1)
(City, town, or county) (State or foreign country)
house-wife

10. Usual occupation..... **at home**

11. Industry or business.....

12. Name..... **John Harris**

13. Birthplace..... **Ireland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **unknown**

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

16. (a) Informant..... **Frank LaChance**
 (b) Address..... **144 Russell Blvd.**

17. (a) **burial** (b) Date thereof..... **7-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mount Hope Cemetery**

18. (a) Signature of funeral director..... **A.W. MC Laughlin**
 (b) Address..... **2301 Lafayette Avenue**

19. (a) **JUL 8 1947** (b) **J. J. Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **3rd**
 year..... **1947** hour..... **9 25** minute..... **A** M.

21. I hereby certify that I attended the deceased from **6/22/47** to..... **July 3rd, 1947**
 that I last saw her alive on..... **July 3rd, 1947**
 and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death.....

Due to..... **Respiratory failure**

Due to..... **Pneumonia, bronchial left lower lobe**

Other conditions..... **Senility**

(Include pregnant within 3 months or year)

Major findings: **107**
 Of operations.....

Of autopsy.....

PHYSICIAN

 Underline the cause of 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..... (Specify type of place) (e) Means of injury..... **M.D.**

23. Signature..... **ROSE F. MASTON** (M.D. or other) **M.D.**
 Address..... **1515 Lafayette** **7/2/47**

(Rose F. Maston)

6455

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..... *D W Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address..... *301 Bayouette Ave*.....

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.