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DEPARTMENT OF COMMERCE
BUREAU OF THE CENTRAL
FILED SEP 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28967
Registrar's No. 8261

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Deaconess Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME: Georges Limay De La Roche
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife: Elsie nee Reed
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased: Nov. 20 1879

8. AGE: Years 67 Months 9 Days 8
If less than one day hr. min.

9. Birthplace: France (City, town, or county) (State or foreign country)

10. Usual occupation: Instructor Roosevelt High School

11. Industry or business

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown
14. Maiden name: Unknown
15. Birthplace: Unknown

16. (a) Informant: Raymond A. De La Roche

(b) Address: 7082 a Lindenwood Place

17. (a) Burial (b) Date thereof: 8-30-47
(c) Place: burial or cremation: Lakewood Park Cemetery

18. (a) Signature of funeral director: Jay B. Smith
(b) 7456 Manchester Ave.

19. (a) AUG 29 1947 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 96
(c) City or town: Jefferson Barracks, Mo. 0
(d) Street No. 1324 O'Hara 0
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th
year 1947 hour 10:15 minute P M.
21. I hereby certify that I attended the deceased from March 1946 to August 1947
that I last saw him alive on Aug. 28 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure Senile

Due to
Due to
Other conditions: 162
(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:
(c) 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
Signature: Robert M. Kelly, M.D. (M. D. or other)
Address: 3284 I. ... Date signed: Aug 29 1947

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.P. Burgess

Licensed Embalmer No. *4029*

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.