

FILED DEC 15 1947 318
Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri
(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: 5014 S. Grand Blvd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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.: 5014 S. Grand Blvd., 9
(If rural, give location) 15 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank C. La Bee

3. (b) If veteran name war: None
3. (c) Social Security No.

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Margaret LaBee
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 26, 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 11
If less than one day hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business:

12. Name: Hector LaBee
13. Birthplace: Canada (City, town, or county) (State or foreign country)
14. Maiden name: Mary Jaeger
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Margaret LaBee
(b) Address: 5014 S. Grand Blvd.,
17. (a) Burial (b) Date thereof: 12-
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 S. Grand Blvd.
19. (a) DEC 8 - 1947 (b) J. F. Breckner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 7th
year: 1947 hour: 5 minute: --a. M.

21. I hereby certify that I attended the deceased from Dec. 6 47 to Dec. 7 47
that I last saw him alive on Dec. 6 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Sarcoid Colloidal
Due to: coronary disease
Family Physician

Other conditions: (Include pregnancy within 3 months of death)

Major findings: 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, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature: [Signature] (M. D. or other)
Address: 2625 S. Jefferson Date signed: 12/5/47

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

MOTHER FATHER

2621 S. Jeff

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. Wm. Dumbley*
Licensed Embalmer No..... *3653*
P. O. Address..... *St. Louis Mo*

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.