

FILED JUL 6 1948

Registration District No. 277

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Manchester
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Manchester Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo
 (Specify whether years, months or days)
 In this community 3 mo
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Perry
 (c) City or town Manchester Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME

Felix De Laune

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex M 5. Color or race W
 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 Aug 17 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 27 hr. min.

9. Birthplace Perry Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Cecile De Laune

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

14. Maiden name Maethe Walton

15. Birthplace Antton Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant Tom Sadler

(b) Address Manchester Mo

17. (a) Burial (b) Date thereof 6-16-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural Home Ch

18. (a) Signature of funeral director James J. Jones

(b) Address Perryville Mo

19. (a) 6-17-48 (b) Carl J. Hapner
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
 year 1948 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 1
 1948 to June 14 1948
 that I last saw him alive on June 14 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder
secondary because of
involvement.

Due to 52 lb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca of bladder

Of operations.....
 Of autopsy.....

Duration

1 yr.

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?..... (e) Means of injury.....

23. Signature C. J. Hapner (M. D. or other) MD

Address Crestwood, Ill Date signed 6-14-48

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 Hallam Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 1502

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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

Felix De Lasser

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 17
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 hr. 70 min.

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

10. Usual occupation

11. Industry or business

12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

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 _____ (M. D. or other)

Address _____ Date signed _____

MOTHER FATHER

SUPPLEMENTARY

5-21670