

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1392
Registrar's No. 2552

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) Fairmont City		d. STREET ADDRESS (If rural, give location) 2756 North 41st Street
d. FULL NAME OF HOSPITAL OR INSTITUTION Irmin Mesloge					
3. NAME OF DECEASED (Type or Print) a. (First) Irene		b. (Middle) LaRussa		c. (Last) LaRussa	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 18, 1949		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED WIDOWER SEPARATED		8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) About 30 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) E. St. Louis, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Pozsa		13b. MOTHER'S MAIDEN NAME Julia Vargo	
14. NAME OF HUSBAND OR WIFE Karl LaRussa		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Karl LaRussa		ADDRESS Fairmont City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) encephalitis lethargica			INTERVAL BETWEEN ONSET AND DEATH 3 wks.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) LETHARGICA			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 4-14-49		19b. MAJOR FINDINGS OF OPERATION Same.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 37a	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 0827	
22. I hereby certify that I attended the deceased from April 13, 1949 , to April 18, 1949 , that I last saw the deceased alive on April 18, 1949 , and that death occurred at 10:00A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert W. Woolsey M.D.			23b. ADDRESS 116 Hampton Village Plaza		23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4/18/1949		24c. NAME OF CEMETERY OR CREMATORY St. Johns	
24d. LOCATION (City, town, or county) (State) Bellville, Illinois		DATE REC'D BY LOCAL REG. APR 20 1949		REGISTRAR'S SIGNATURE J. B. Lasater	
25. FUNERAL DIRECTOR'S SIGNATURE J. B. Kessler		ADDRESS E. St. Louis, Ill.			

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

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Signed.....

Joseph J. Kelly

Licensed Embalmer No. *7541*

Signed.....

Student Embalmer

P. O. Address *South Hill, Ill.*

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.