

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17445

318

1003

4514

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4514	
1. PLACE OF DEATH a. COUNTY <i>St. John's Hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>7 weeks</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		d. STREET ADDRESS (If rural, give location) <i>FORDIER + RINGIER R. 11 Box 370</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. John's</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>May 22 1949</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sister M. Crescentia</i>		b. (Middle) <i>La Rose</i>		c. (Last) <i>La Rose</i>		5. SEX <i>FEMALE</i>	
6. COLOR OR RACE <i>WHITE</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>		8. DATE OF BIRTH <i>April 12, 1903</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. <i>46</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TEACHER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Teaching</i>		11. BIRTHPLACE (State or foreign country) <i>Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Henry La Rose</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Schweiss</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Sister Louis Bertrand</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma originating in ovary</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>8 months</i>	
19a. DATE OF OPERATION <i>8-20-48</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of ovaries extending into peritoneum</i>				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) <i>Hwy 2</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i>1948</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>1948</i>					
22. I hereby certify that I attended the deceased from <i>Aug 1, 1948</i> to <i>May 20, 1949</i> , that I last saw the deceased alive on <i>May 20, 1949</i> , and that death occurred at <i>5:10 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. P. Glennon M.D.</i>				23b. ADDRESS <i>Union Cl. Bldg. St. Louis 266</i>		23c. DATE SIGNED <i>5-21-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>May 23</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Nazareth</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>MAY 22 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lapsater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C. HOFFMEISTER, U.L.C. 724 S. Broadway</i>			

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

Dr. Wm. Glennon

Dr. Wm. H. Hannon  
Junior Dept. Bldg.  
1-3-PM  
Room 635  
App 5663

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schumaker

Licensed Embalmer No. 2679

P. O. Address 7814 T. Boulevard

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.