

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1949

State File No. **35358**
9295

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 7720. b. COUNTY MDJ			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 3		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hosp.				d. STREET ADDRESS (If rural, give location) 28 - 2911 Cherokee St.			
3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Mary c. (Last) La Lumandiere			4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1949				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec 27 1883	9. AGE (In years last birthday) 65	10. MONTHS _____	11. YEAR _____	12. IF UNDER 1 HR. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY New Grown Shirts		11. BIRTHPLACE (State or foreign country) Bloomsdale Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm La Lumandiere		13b. MOTHER'S MAIDEN NAME Zelma Thormure		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Julia Owen ADDRESS 3835 - Kernerly Av.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage from lacerated heart; multiple fractures when struck by Charles Buss operated by one. It also A. Stewart about 530 pm Oct 27 1949 at intersection of Cherokee and California DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS of Cherokee and California Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 170			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 27 49 530 p m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? gsv 2/15/4			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that (last saw the deceased alive on _____, 19____, and that death occurred at 530P. m., from the causes and on the date stated above. 125							
23a. SIGNATURE (Degree or title) Wm Perry Capt. Coroner			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/29/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-49	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. OCT 29 1949		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS With Bros & Co 2929 S. Jefferson			

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 _____

Davis

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Edgar F. Witt*

Licensed Embalmer No. *2117*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.