

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 137

**I. PLACE OF DEATH**  
 a. COUNTY St. Francois  
 b. CITY (If outside corporate limits, write RURAL and give township) Flat River  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo. b. COUNTY St. Francois  
 c. CITY (If outside corporate limits, write RURAL and give township) Flat River, Mo. 0942  
 d. STREET ADDRESS (If rural, give location) 903 Monroe St. Flat River, Mo.

**3. NAME OF DECEASED**  
 a. (First) Lillian b. (Middle) Elizabeth c. (Last) La Bruyere

**4. DATE OF DEATH** (Month) (Day) (Year) April 9 - 1951

**5. SEX** Female **6. COLOR OR RACE** White-Cauc. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married

**8. DATE OF BIRTH** May 2 - 1894 **9. AGE** (In years last birthday) 56-11-7

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housework **10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country) St. Genevieve County, Mo. **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME** Mr. Uvald Maurice **13b. MOTHER'S MAIDEN NAME** Lena La Plante **14. NAME OF HUSBAND OR WIFE** Mr. Bert L. La Bruyere

**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.** none **17. INFORMANT'S SIGNATURE OR NAME** Mr. Bert L. La Bruyere **ADDRESS** Flat River, Mo. 903 Monroe St.

**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) Cerebral Hemorrhage  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arteriosclerosis  
 DUE TO (c) Hypertension  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** **19b. MAJOR FINDINGS OF OPERATION** 331X

**20. AUTOPSY?** YES  NO

**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)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from 12.12.47, 1947, to April 9, 1951, that I last saw the deceased alive on April 1, 1951, and that death occurred at 1230 P.M., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) C. H. Appikerny M.D. **23b. ADDRESS** Flat River, Mo. **23c. DATE SIGNED** 4-11-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** April 12-1951 **24c. NAME OF CEMETERY OR CREMATORY** Catholic at St. Francois, Mo. **24d. LOCATION** (City, town, or county) (State) St. Francois Mo.

**DATE REC'D BY LOCAL REG.** Apr. 15, 1951 **REGISTRAR'S SIGNATURE** Ethel Rudloff **25. FUNERAL DIRECTOR'S SIGNATURE** Alvin W. Hood **ADDRESS** 323 Cass St. Flat River, Mo.

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

0942

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 24 1951

RECEIVED

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Alvin W. Hood

Signed.....  
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Crown St. Park Ferry N.Y.

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.