

FILED JUL 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24178

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Flat River, 1942</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARIE</b>	b. (Middle) <b>ISABEL</b>	c. (Last) <b>LaBRUYERE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 7, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 24-1918</b>	9. AGE (In years last birthday) <b>33</b> Months <b>2</b> Days <b>13</b>	IF UNDER 1 YEAR Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Elvins, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Oliver Hulsey</b>	13b. MOTHER'S MAIDEN NAME <b>Lela Latimer</b>	14. NAME OF HUSBAND OR WIFE <b>Dennis Labruyere</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Oliver Hulsey, Flat River, Mo</b>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular disease</b>		UNKNOWN
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1951 to July 7, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 1:35 m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. T. Foster</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Desloge, Missouri</b>	23c. DATE SIGNED <b>7-7-51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July-9-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>IOOF Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Doe Run, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 10, 1951</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sparks F. Home</b>	ADDRESS <b>Flat River, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

FILE NO. \_\_\_\_\_  
DISTRICT HEALTH OFFICE - No. 4

JUL 14 1951

RECEIVED

**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.

Signed.....  
Student Embalmer

Signed..... Student Embalmer No.....

*Bessie Sparks*

Licensed Embalmer No. *4287*

P. O. Address *Flat Room One*

**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.