

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19749**

JUN 16 1952

REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **5785** Registrar's No. **172**

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY **Cape Girardeau**
b. CITY (If outside corporate limits, write RURAL and give township) **On way to the hospital from five**
c. LENGTH OF STAY (In this place) **five**
c. CITY OR TOWN **Cape Girardeau**
d. FULL NAME OF HOSPITAL OR INSTITUTION **one mile southwest of Cape Girardeau, Mo.**
d. STREET ADDRESS (If rural, give location) **214 South Pacific St.**

3. NAME OF DECEASED
a. (First) **LEONARD** b. (Middle) **A.** c. (Last) **LA CROIX**
4. DATE OF DEATH (Month) (Day) (Year) **June 7, 1952**
5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **March 13, 1909**
9. AGE (In years if under 1 year last birthday) (Months) (Days) (Hours) (Min.) **43 2 24**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Service Department** 10b. KIND OF BUSINESS OR INDUSTRY **Machine Co.** 11. BIRTHPLACE (City and State or Foreign Country) **Dutchtown, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **Louis La Croix** 13b. MOTHER'S MAIDEN NAME **Theresa Schaefer** 14. NAME OF HUSBAND OR WIFE **Deciree La Croix**
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. **408-03-3385** 17. INFORMANT'S SIGNATURE OR NAME **Deciree La Croix** ADDRESS **Cape Gir. Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Accident caused by**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **gun shot wounds**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **E9198 19**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **016** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **7 miles west of Cape Gir. Mo.** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Cape Gir. Mo.**
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) **June 7 5:15 a.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Accident**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **E. P. Bricker, 3 Coronet** 23b. ADDRESS **4-S. Pacific St. Cape Gir. Mo.** 23c. DATE SIGNED **June 10-52**
24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 9, 1952** 24c. NAME OF CEMETERY OR CREMATORY **St. Marys Cemetery** 24d. LOCATION (City, town, or county) (State) **Cape Girardeau, Missouri**
DATE REC'D BY LOCAL REG. **6-10-52** REGISTRAR'S SIGNATURE **G. C. Summers** 25. FUNERAL DIRECTOR'S SIGNATURE **Walthers Funeral Home** ADDRESS **Cape Gir. Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

0160
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JUN 20 1952

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: *Virgil H. Ketch*

Licensed Embalmer No. *4103*

P. O. Address: *Cape Guardau, N.J.*

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.