

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29719**
Registrar's No. **7573**

FILED AUG 23 1952
BIRTH NO. **55578**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2209	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 0		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity		d. STREET ADDRESS (If rural, give location) 20 2204 Benton Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) LaTour		4. DATE OF DEATH (Month) (Day) (Year) August 7 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH August 7 1952
9. AGE (In years last birthday) 2 20		10. MONTHS 2 DAYS 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Vincent LaTour		13b. MOTHER'S MAIDEN NAME Doris Jean O'Neill	
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 No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Edward Vincent & Doris Jean LaTour		ADDRESS	
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? 7615	
22. I hereby certify that I attended the deceased from August 7, 1952 , to August 7, 1952 that I last saw the deceased alive on 8-7- , 19 52 and that death occurred at 11:00 P. , from the causes and on the date stated above.			
23a. SIGNATURE E. O. Vermillion M.D.		23b. ADDRESS 630 S. Kings Highway	
		23c. DATE SIGNED 8/8/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 8/9/52	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. AUG 8 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's ADDRESS 2849 N. Euclid Av.	

Signature of informant
Doris Jean LaTour

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
Student Embalmer

Signed *Robert Pinkman*
Student Embalmer No. _____
Licensed Embalmer No. *3883*

P. O. Address _____

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.