

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37357

State File No. _____

9259

FILED OCT 27 1953

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 death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		c. CITY OR TOWN <u>Lucas & Hunt Vil.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3-WKS.</u>		e. STREET ADDRESS (If rural, give location) <u>5607 Gladstone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1953</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sarah</u>	b. (Middle) <u>D.</u>	c. (Last) <u>La Berge</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>March 27, 1884</u>
9. AGE (In years, months, days) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Lady, Best Drug Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Unk. Davison</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan J. Maderia</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Wm. J. La Berge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Rabenau</u>		ADDRESS <u>624 Westminster Place</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Appendicitis Acute.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma.</u> <u>Intestinal Obstruction</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>		6 mo. <u>1 wk.</u>	
19a. DATE OF OPERATION <u>9-6-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute Appendicitis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>550.0</u>		22. I hereby certify that I attended the deceased from <u>Sept 4, 1953</u> to <u>Sept 24, 1953</u> , that I last saw the deceased alive on <u>Sept 23, 1953</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Alphonse McMahon M.D.</u>		23b. ADDRESS <u>694 N. Grand Blvd</u>	
23c. DATE SIGNED <u>9-25-53</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bl. O Lindell Blvd.</u>	
25. ADDRESS _____		DATE REC'D BY LOCAL REG. <u>SEP 25 1953</u>	
REGISTRAR'S SIGNATURE <u>Charles Smith</u>		26. LICENSED EMBALMER'S SIGNATURE <u>Arthur J. Donnelly</u>	
26. ADDRESS _____		(Licensed Embalmer's Statement on Reverse Side)	

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

S. No. 300
V. 10. 48

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Handwritten Signature].....

Licensed Embalmer No. 160

P. O. Address [Handwritten 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.