

FILED APR 23 1954

STANDARD CERTIFICATE OF DEATH

12874
State File No. 46 (46)

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give town) Perryville, Mo.		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Perryville
d. FULL NAME OF HOSPITAL OR INSTITUTION 300 N. St. Marys Rd.		e. STREET ADDRESS (If rural, give location) 300 N. St. Marys Rd. 0791	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) J. c. (Last) LaHomme			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Dealer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jules LaHomme	13b. MOTHER'S MAIDEN NAME Flora Prevallet	14. NAME OF HUSBAND OR WIFE Bessie LaHomme
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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) no	16. SOCIAL SECURITY NO. 491-36-0390	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie LaHomme	ADDRESS Perryville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Lymphatic)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis from benign DUE TO (c) Operated bladder		
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 155 X	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)
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"/>	21h. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19, to Apr. 5, 1954, that I last saw the deceased alive on 4/4, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. M. Wenzel	23b. ADDRESS Do Permyell Ave	23c. DATE SIGNED 4/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Perryville, Missouri
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DATE REC'D BY LOCAL REG. 4-7-54	REGISTRAR'S SIGNATURE Jos J. Zoellner	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Walter Young*.....

Licensed Embalmer No. *402*

P. O. Address *Perryville*

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.