

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6790  
State File No. 995  
Registrar's No.

318 1003

|  |  |   |   |  |  |   |  |
|--|--|---|---|--|--|---|--|
| BIRTH NO.  |  | REG. DIST. NO.  |   | PRIMARY REG. DIST. NO.   |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>Missouri</i> b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><i>ST. LOUIS MO</i>  |  | c. LENGTH OF STAY (in this place)   |   | c. CITY OR TOWN<br><i>ST. LOUIS</i>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>ALEXIAN Bros. Hosp.</i>  |  |   |   | e. STREET ADDRESS (If rural, give location)<br><i>24 2020 WYOMING</i>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <i>THOMAS</i> b. (Middle) <i>-</i> c. (Last) <i>LA MARR</i>   |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><i>JAN. 27 1956</i> |  |  |   |  |
| 5. SEX<br><i>MALE</i>  |  | 6. COLOR OR RACE<br><i>WHITE</i>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><i>DIVORCED</i>  |  | 8. DATE OF BIRTH<br><i>AUG. 16 1901</i>   |  |
| 9. AGE (in years last birthday)<br><i>54</i>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>ASSEMBLER</i>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>TRANSPORT CONCRETE</i>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><i>KENTUCKY</i>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>U-S-A</i>   |  | 13a. FATHER'S NAME<br><i>LOGUE LA MARR</i>  |   | 13b. MOTHER'S MAIDEN NAME<br><i>ALICE MOORE</i>  |  | 14. NAME OF HUSBAND OR WIFE<br><i>UNKNOWN</i>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><i>No</i>  |  | 16. SOCIAL SECURITY NO.<br><i>362-03-0115</i>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><i>JOHN LA MARR 2020 WYOMING</i>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute coronary thrombosis</i><br><i>acute coronary thrombosis</i><br>ANTECEDENT CAUSES<br><i>Lobar pneumonia with pleural effusion left side of chest</i><br>DUE TO (b) <i>Bacterial pneumonia with pleural effusion left side of chest</i><br>DUE TO (c) <i>7 chest</i> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>10 days</i><br><i>10 days</i>  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><i>420.1</i>  |   |  |  | 20. AUTOPSY?<br>YES <input 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) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <i>1-17-56</i> to <i>1-27-56</i> , that I last saw the deceased alive on <i>1-26-56</i> 19 <i>56</i> and that death occurred at <i>1:48 A</i> m., from the causes and on the date stated above. |  |   |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><i>John D. Serff</i>   |  |   |   | 23b. ADDRESS<br><i>3739 Gravois</i>  |  | 23c. DATE SIGNED<br><i>1-28-56</i>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>BURIAL</i>   |  | 24b. DATE<br><i>JAN. 30 1956</i>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><i>NEW ST. MARCUS</i>  |  | 24d. LOCATION (City, town, or county) (State)<br><i>ST. LOUIS MO</i>  |  |
| DATE REC'D BY LOCAL REG.<br><i>JAN 30 1956</i>   |  | REGISTRAR'S SIGNATURE<br><i>Carl Smith</i>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><i>Edw Thomas Kutka 2906 Gravois</i>   |  |   |  |

WRITE PLAINLY--USING UNFADING 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo J. Budd*.....

Licensed Embalmer No. *39*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.