

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

FILED APR 2 1956

STANDARD CERTIFICATE OF DEATH

State File No. 11019

318

1003

2701

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hosp.			e. STREET ADDRESS (If rural, give location) 16 3022 S. Grand Bld.		
3. NAME OF DECEASED (Type or Print) a. (First) June		b. (Middle) Alice	c. (Last) LaBrott	4. DATE OF DEATH (Month) (Day) (Year) Mar. 14 1956	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 26 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. C.
13a. FATHER'S NAME William S. Malcomb		13b. MOTHER'S MAIDEN NAME Rose M. Foster		14. NAME OF HUSBAND OR WIFE Joseph LaBrott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Joseph LaBrott		
			ADDRESS 3022 S. Grand		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION Interval between onset and death 5 years	
		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 443x		20. AUTOPSY? 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)	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 Aug 22, 1955 to Mar 14, 1956, that I last saw the deceased alive on Mar 13, 1956, and that death occurred at 3:28 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dorothy W. ...		23b. ADDRESS 3201 S. Grand St. ...	23c. DATE SIGNED 3-15-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-17-56	24c. NAME OF CEMETERY OR CREMATORY St. Francis Mem. Plk.	24d. LOCATION (City, town, or county) (State) Bonne Terre Mo.

DATE REC'D BY LOCAL REG. MAR 16 1956	REGISTRAR'S SIGNATURE Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros & Co.		ADDRESS 2929 S. Jefferson
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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 Rowland - Baker, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Edgar F. Walker
Licensed Embalmer No. 21

P. O. Address 2927 S. J

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