

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

43385

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11706

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hosp.		Length of stay in lb	STREET ADDRESS 2148 5323a Sutherland (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last IVAN R. LaPLANTE			4. DATE OF DEATH Month Day Year Dec. 21 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 6, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising Representative-Falstaff		10b. KIND OF BUSINESS OR INDUSTRY Brewery River Mines, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles LaPlante		14. MOTHER'S MAIDEN NAME Alma Rickman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War		16. SOCIAL SECURITY NO.	17. INFORMANT Address (Wife) Jacqueline LaPlante 5323a Sutherland
18. CAUSE OF DEATH [Enter only one cause pertinent for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation:</i> <i>Following injuries suffered in collision between car operated by deceased, and car operated by one Richard Clement at intersection of Howard and Hartford Ave. about 11:00 am, December 21, 1956.</i> DUE TO (b) <i>None</i> DUE TO (c) <i>None</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO IMMEDIATE CAUSE OR UNDERLYING CAUSE WHEN IN PART I. <i>None</i>			INTERVAL BETWEEN ONSET AND DEATH c
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II item 18.) <i>December 21, 1956.</i>	
20c. TIME OF INJURY Hour a. m. Month, Day, Year <i>117 a. m. 12 21 56</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <i>Street</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis Mo</i>
21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____ Death occurred at <i>139 A</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. C. Smith</i>		22b. ADDRESS <i>300 Clark</i>	22c. DATE SIGNED <i>12/21/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 24, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Kriegshauser 4228 S. Kingshighway</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 21 1956</i>	26. REGISTRAR'S SIGNATURE <i>J. C. Smith MO</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Director, coroner, etc. must use only standard nomenclature.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Student.....
Signature of Student Embalmer

Signed *Richard W. Stokes*

Licensed Embalmer No. *46*

P. O. Address

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.