

STANDARD CERTIFICATE OF DEATH

26864
STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1812

health, Welfare Public Service
 300 1-56
 3
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD		c. CITY OR TOWN CRYSTAL CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH HOSP.		d. STREET ADDRESS (If outside, give location) 403 VIRGINIA	
3. NAME OF DECEASED (Type or print) First MORT Middle H. Last LA ROSE		4. DATE OF DEATH Month 7 Day 18 Year 57	
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 APRIL 3, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASS WORKER		10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.	11. BIRTHPLACE (City and state or country) ST GENEVIEVE CO. MO.
13. FATHER'S NAME CHARLES LA ROSE		14. MOTHER'S MAIDEN NAME CENTHIA WILLIAMSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.		16. SOCIAL SECURITY NO. unk.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recent gunshot wound of the chest inflicted with a 410 gauge shotgun as a result of suicidal intent		INTERVAL BETWEEN ONSET AND DEATH 976x	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Working on own vineyard		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted gunshot wound of the chest	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour 7:00 Month 7 Day 18 Year 57 K.A. p. m.	
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 bldg., etc.) garage	
20f. CITY, TOWN, OR LOCATION Crystal City		20g. COUNTY Jefferson	
20h. STATE Mo		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:30 P. _____ on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> Coroner		22b. ADDRESS 651 S. Brentwood Blvd. Clayton	
22c. DATE SIGNED 7/22/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-21-57		23c. NAME OF CEMETERY OR CREMATORY ROSE-LAWN GARDEN	
23d. LOCATION (City, town, or county) CRYSTAL CITY, MO.		24. FUNERAL DIRECTOR <i>[Signature]</i>	
25. DATE RECD. BY LOCAL REG. July 20, 1957		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

m.d.

AUG 5 1973

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 *Quincy R. Salter*

Licensed Embalmer No. *34*

P. O. Address *Crystal*

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.