

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024220  
STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 47

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Ste. Genevieve</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> <i>Ste. Genevieve</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Ste. Genevieve</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Ste. Genevieve</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>736 So. Gabouri</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>736 So. Gabouri</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Genevieve Matilda LaRose</i>			4. DATE OF DEATH Month Day Year <i>June 16 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 16, 1892</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>65</i>
11a. FATHER'S NAME <i>Stanislaus LaRose</i>		13b. MOTHER'S MAIDEN NAME <i>Odile Morice</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs Arnel Jenkins, Ste. Genevieve Mo</i>
18. CAUSE OF DEATH (Enter only one cause parting for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Haemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <i>Arterio Sclerosis</i>			<i>2</i>
DUE TO (c) <i>Diabetes Mellitus 260X</i>			<i>2 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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 of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>1951</i> to <i>June 16, 58</i> and last saw her alive on <i>June 15, 58</i> Death occurred at <i>11:55 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. LaPassade MD</i> (Degree or title)		22b. ADDRESS <i>Ste. Genevieve Mo</i>	22c. DATE SIGNED <i>6-17-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>6-19-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY</i>	23d. LOCATION (City, town, or county) (State) <i>Ste. Genevieve Mo</i>
24. FUNERAL DIRECTOR <i>Jerome A. ...</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>6-17-1958</i>	26. REGISTRAR'S SIGNATURE <i>Paul ...</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

AUG 29 1958

### 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 *Jerome L. Sauls* .....

Licensed Embalmer No. *3817* .....

P. O. Address *St. Genevieve* .....

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.