

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045956
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12390

300
-57

| | | | | | | | |
|--|---------------------------|---|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital | | Length of stay in 1b 1 day 20 59 | | d. STREET ADDRESS (If outside, give location) 5603 Delmar Blvd. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ERNEST F. LATTA | | | 4. DATE OF DEATH Month Day Year Dec. 20, 1958 | | | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 31, 1886 | | 9. AGE (In years last birthday) 72 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Accountant | | 11. BIRTHPLACE (City and state or country) Hot Springs, Ark. / | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME George G. Latta | | | 13b. MOTHER'S MAIDEN NAME Fannie Brownlow | | | 14. NAME OF HUSBAND OR WIFE Helen May Latta | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 492-01-1079 | | 17. INFORMANT Address Mrs. Vivian Greenwood, 512 Glenrock, Los Angeles | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Tracheo bronchitis (from burns)</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <i>2nd and 3rd degree burns of approximately 40% of the body</i> | | DUE TO (c) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>suffered in fire, apparently</i> | | | | | | 20. WAS THERE HOMICIDE OR SUICIDE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. TIME OF INJURY (Hour, Month, Day, Year) <i>11:30 p.m., December 19, 1958</i> | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 11:30 p.m. 12 19 58 | | 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.) <i>3 Avenue</i> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis Mo 16</i> | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>715 P</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Print name and title) <i>Vivian Greenwood</i> | | | 22b. ADDRESS <i>1300 Chest</i> | | | 22c. DATE SIGNED <i>12/23/58</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Entombment</i> | | 23b. DATE <i>12/23/58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Mausoleum</i> | | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i> | | |
| 24. FUNERAL DIRECTOR <i>Lucius H. Bopp, Inc.</i> | | ADDRESS <i>Kilbuck</i> | | 25. DATE RECD. BY LOCAL REG. <i>DEC 23 '58</i> | | 26. REGISTRAR'S SIGNATURE <i>Carlo Smith md</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Thomas J. Myland Jr.*

Licensed Embalmer No. *4512*

P. O. Address *Richmond, Va.*

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.