

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013784

FILED VS MAR 14 1960

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>	
Length of stay in 1b <u>LIFE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>REST HOME STE. GENEVIEVE</u>		d. STREET ADDRESS (If outside, give location) <u>NO MAIN ST</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JULIUS</u> Middle <u>EDWARD</u> Last <u>LA ROSE</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>11</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/24/74</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE MO</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>CHARLES LARSE</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA SIMINO</u>		
14. NAME OF HUSBAND OR WIFE <u>CATHERINE SEITZ</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-03-5045</u>		
17. INFORMANT <u>E. J. La Rose Ste. Genevieve Mo</u>		Address				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteria Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown	
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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 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from 1950 to Mar. 11 1960 and last saw him alive on Mar. 10 1960
Death occurred at 3:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Arthur E. Barber M.D.</u> (Degree or title)		22b. ADDRESS <u>STE. GENEVIEVE MO</u>		22c. DATE SIGNED <u>Mar. 12 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/13/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>	23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>	
24. FUNERAL DIRECTOR <u>Arthur E. Barber Ste. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3/12/60</u>		26. REGISTRAR'S SIGNATURE <u>Arthur E. Barber</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alman J. Elder

Licensed Embalmer No. 4746

P. O. Address Ste. Ben

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.