

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**FILED OCT 13 1961**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jewish Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).  
 a. STATE **Mo.** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **University City** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **7385 Trenton** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**ANNA E. LaMONT** **Sep. 20 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5-3-1876** 9. AGE (last birthday) **85** IF UNDER 1 YEAR IF UNDER 24 HOURS  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry Vallance** 13b. MOTHER'S MAIDEN NAME **Annie Norton** 14. NAME OF HUSBAND OR WIFE **Mont Late William Hamilton La**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) **No None** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **George N. LaMont** Address **4508 Park Ct.-Bellaire, Texas**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY  
 IMMEDIATE CAUSE (a) **Fracture of right hip; Arterio Sclerosis; suffered in fall at nursing home**  
 DUE TO (b) **Sept 4<sup>th</sup>, 1961. accident**  
 DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

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.  Yes  No  Unknown **904.7-45**

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **See above**

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year **9-4-61**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (In or about home, street, etc.) **557 Hamilton bldg., nursing home** 20f. CITY, TOWN, OR LOCATION **St. Louis, Mo** COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ **130 A** m on the \_\_\_\_\_ date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Joseph M. [Signature]** (Degree or title) **Deputy Registrar** 22b. ADDRESS **1300 Clair** 22c. DATE SIGNED **9-21-61**

23a. BURIAL CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Sep. 22, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 23d. LOCATION (City, town, or county) **St. Louis Co. Mo.** (State)

24. FUNERAL DIRECTOR **Kriegshauser** ADDRESS **9450 Olive St. Road** 25. DATE RECD. BY LOCAL REG. **SEP 21 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.P.**

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address \_\_\_\_\_

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.