

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10901 SL 12281 =61-042623  
 STATE FILE NUMBER

AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>FILED DEC 1 1961</b>  |   | 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>   |   | Length of stay in 1b<br><u>26 days</u>  |  | c. CITY OR TOWN <u>St. Louis</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>3439A St. Vincent</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>JOSEPH</u> Middle <u>B.</u> Last <u>LA JEUNESS</u>   |   |   | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>22</u> Year <u>1961</u>       |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OF RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/17/90</u>   | 9. AGE (last birthday)<br><u>71</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min.                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Mill Worker</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Wood</u>  |  | 11. BIRTHPLACE (City, and state or country)<br><u>St. Louis, Mo.</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   | 13a. FATHER'S NAME<br><u>John La Jeuness</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth La Jeuness</u>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Idelle La Jeuness</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>YES WW-1</u>                              |  | 17. INFORMANT<br>Address<br><u>Idelle La Jeuness (Wife), Same add. as 2.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CARDIOVASCULAR FAILURE</u><br>DUE TO (b) <u>CHRONIC PYELONEPHRITIS</u><br>DUE TO (c) <u>600.0</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>UNKNOWN</u><br><u>UNKNOWN</u> |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour s.m. p.m. Month, Day, Year   |   |   |  |  |  |
| 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 <u>10/27/61</u> to <u>11/22/61</u> and last saw him <u>OK</u> alive on <u>11/22/61</u><br>Death occurred at <u>6:05 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Joseph P. Schaefer M.D.</u>   |   |   | 22b. ADDRESS<br><u>VAH, ST. LOUIS, MO.</u>                                     |  | 22c. DATE SIGNED<br><u>11/22/61</u>                                  |
| 23a. BURIAL (CREMATION, REMOVAL) (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>Nov 24 61</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>National</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Jefferson Barracks Mo.</u> |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>E.J. Schnur 3125 Lafayette</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>NOV 24 1961</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Lead Smith, M.D.</u>                           |  |  |

**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 Joseph Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.