

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25027
Registrar's No. 6215

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

I. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 5726 McPherson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS 5726 McPherson Ave.

3. NAME OF DECEASED
(Type or Print) Sophie T. La Croix
a. (First) Sophie b. (Middle) T. c. (Last) La Croix

4. DATE OF DEATH July 16, 1949
(Month) (Day) (Year)

5. SEX F. / W.
6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Oct. 17, 1862

9. AGE (In years last birthday) 86
UNDER 1 YEAR Months _____ Days _____
UNDER 10 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Rene M. La Croix

13b. MOTHER'S MAIDEN NAME Mary Hopkins

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Helen E. Brown ADDRESS 5726 McPherson Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Chronic)
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis (Chronic)

INTERVAL BETWEEN ONSET AND DEATH 4 years
10 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93rd

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? H2997

22. I hereby certify that I attended the deceased from Jan 1, 1942, to July 16, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE W. E. Jones M.D. (Degree or title)

23b. ADDRESS 4500 Olive St

23c. DATE SIGNED July 18 49

24a. BURIAL, CREMATION, REMOVAL Removal

24b. DATE 7-19-49

24c. NAME OF CEMETERY OR CREMATORY Walnut Hill

24d. LOCATION (City, town, or county) (State) Belleville, Ill

DATE REC'D BY LOCAL REG. JUL 17 1949

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3840 Lindell

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. W. R. Jensen
Hastings, Neb.
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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.

Signed.....

Thomas R. Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

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 this body is not embalmed, fact should be so stated above.