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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 470

FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 470

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 1722
(If outside city or town limits, write "RURAL")

(d) Street No. 705 South Broadway 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME William La Grand

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Clara La Grand.

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased September 2, 1865.
(Month) (Day) (Year)

8. AGE: Years 75 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace ? / Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner (Retired)

11. Industry or business None

FATHER
12. Name Jackson La Grand.
13. Birthplace Cape Girardeau / Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Simmons.
15. Birthplace ? / Indiana.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Johnson.
(b) Address 317 De Baliviere Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1941. (Month) (Day) (Year)
(c) Place: burial or cremation Fredricktown, Mo.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave. 5944

19. (a) JAN 16 1941 (Date received by registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15, year 1941 hour 10:55 minute A. M.

21. I hereby certify that I attended the deceased from January 1, 1941 to January 15, 1941 that I last saw him alive on January 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 Days
Due to Acute Right Hemiplegia	18 Days
Due to Cerebral Thrombosis - Left	18 Days
Due to Generalized Arteriosclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Roger W. Howell (M. D.)
Address 1515 Lafayette Avenue. Date signed 1/15/41

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Mlinar, Registered Apprentice No. ..... working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address 3011 Rauschenbach Ave

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.