No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2427

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 470

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: Alexian Bros. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Months (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

19

(d) Street No. 221 N. Grand Blvd. 9
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Rev. Henry De Laak S.J.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Jan. (Month) 27th (Day) 1858 (Year)

8. AGE: Years 89 Months 11 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Catholic Priest

11. Industry or business .....

FATHER
12. Name Dont Know
13. Birthplace ..... (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace ..... (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Rev. Valentine Roche S.J.
(b) Address 221 N. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Florissant Mo.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15, year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 16, 1946, to Jan 15, 1948, that I last saw him alive on Jan 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis.	
Due to: Arteriosclerosis -	
Due to:	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 L. J. Hayden (M. D. or other) M.D.

Address 5899 Delmar Date signed 1/16/48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

5899 Delmar Blvd
2 R

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

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.