

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30599**
Registrar's No. **8541**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8541**

1. PLACE OF DEATH a. COUNTY St. Louis Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____	
b. CITY (Outside corporate limits, with LOCAL and give town) St. Louis Mo		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 819 1/2 Market St		STREET ADDRESS (If rural: give location) 819 1/2 Market St 225	
3. NAME OF DECEASED a. (First) LaBlanc b. (Middle) BROTHER c. (Last) LAURENCE DEDOPHER		4. DATE OF DEATH (Month) (Day) (Year) 9 4 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH abt. 1912
9. AGE (In years) (If under 1 year: Months) (If under 12 hrs.: Hours) (Min.) 41-42	10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) Machine Oper.		10b. KIND OF BUSINESS OR INDUSTRY Wick
11. BIRTHPLACE (City and State or Foreign Country) TENN.	12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wick
13b. MOTHER'S MAIDEN NAME Wick	13c. NAME OF HUSBAND OR WIFE Wick	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no; or unknown) (If yes, give part of date of service) Wick	16. SOCIAL SECURITY NO. Wick
17. INFORMANT'S SIGNATURE OR NAME W. M. A.		ADDRESS 1300 Clark	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1. Pulmonary Congestion DUE TO (c) 2. Constrictive Pericarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 434.3 W.M.A.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased prior on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. M. L. Smith		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 9/27/55
24a. BURIAL (CREMATION, REMOVAL) (Specify) _____	24b. DATE 9-30-55	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, MO
DATE REC'D BY LOCAL REG. SEP 29 1955	REGISTRAR'S SIGNATURE J. Earl Smith m.d.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newland - After Mortuary Service	

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

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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..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.