

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40092**

FILED NOV 30 1953

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **397**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Donne Terre	c. LENGTH OF STAY (In this place) 11-12-1953	c. CITY (If outside corporate limits, write RURAL and give township) Flat River	0942 0
d. FULL NAME OF (If not in hospital or institution, give street address or location) Donne Terre Hospital		d. STREET ADDRESS (If rural, give location) 903 Monroe St.	

3. NAME OF DECEASED (Type or Print) a. (First) Mr. Bert b. (Middle) Louis c. (Last) La Bruyere		4. DATE OF DEATH (Month) (Day) (Year) NOV. 18-1953	
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5. SEX Male	6. COLOR OR RACE White Cau.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1894-7-27	9. AGE (In years last birthday) 69-3-21	IF UNDER 1 YEAR Months	IF UNDER 2 WEEKS Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) for Mrs. Pacific	10b. KIND OF BUSINESS OR INDUSTRY Ms. Pacific	11. BIRTHPLACE (State or foreign country) Paris Aug. Veser Ste. Denis Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mr. Antoine La Bruyere	13b. MOTHER'S MAIDEN NAME Mary Thonure	14. NAME OF HUSBAND OR WIFE Lillie Maurice
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-03-6342	17. INFORMANT'S SIGNATURE OR NAME Mr. Fred La Bruyere, Bis. Flat River Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c)		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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-12**, 19**53**, to **11-18**, 19**53**, that I last saw the deceased alive on **11-18**, 19**53**, and that death occurred at **10:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Applebury M.D.	23b. ADDRESS Flat River Mo.	23c. DATE SIGNED 11-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Nov 21-1953	24c. NAME OF CEMETERY OR CREMATORY St. Francois Catholic Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois Mo.
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DATE REC'D BY LOCAL REG. Nov 20, 1953	REGISTRAR'S SIGNATURE Ethel P. Dudley	25. FUNERAL DIRECTOR'S SIGNATURE Alvin W. Hood	ADDRESS 303 River St. Flat River Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Alasio W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Alton, R.

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.