MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11386

Township ..... Primary Registration District No. 1003 Registered No. 3227

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Charles Laurent

(a) Residence. No. 7807 S. Broadway St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: At — YEARS: 35 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sheet Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Christ Laurent
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Alsace Loraine
12. MAIDEN NAME OF MOTHER: Louise Grosroth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Louis Laurent
(Address) 7807 S. Bdway

15. FILED 3 27 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 — 19 — 1928

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1928, to March 19, 1928, that I last saw him alive on March 19, 1928, and that death occurred, on the date stated above, at 7 P. 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10 X
(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Chas E Paule, M. D
, 19 (Address) 7806 S. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Trinity Lutheran — DATE OF BURIAL: 3/22 1928

20. UNDERTAKER: Southern U & L Co — ADDRESS: 7315 S. Bdway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.