

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

Do not use this space.

38603

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. 2712 S. 9 St. St. 9 Ward)

**2. FULL NAME**

(a) Residence. No. 233 St. 9 Word. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_ hrs. \_\_\_ min.  
70 7 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer American Car & Foundry Co

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joseph Laag

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Anna Laag  
 (Address) 2712 S. 9 St.

15. FILED 11/14 1928  
W. J. Stark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 6<sup>th</sup> 1928 to Nov 7<sup>th</sup> 1928, 1928  
 that I last saw him/her alive on Nov 7<sup>th</sup> 1928, 1928 and that death occurred, on the date stated above, at 3:30 AM.....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

46 B Cancer of stomach  
126

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED St Louis Mo  
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? The usual exam

(Signed) John O. Grant M. D.  
2017, 1928 (Address) 3102 S. Grand St.

\*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. Peter & Paul Cemetery DATE OF BURIAL Nov 19 1928

20. UNDERTAKER Wm J. Robert ADDRESS 1905 S. Grand

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

