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.

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

Do not use this space.

38946

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

City St Louis Mo. (No. 1316 Hebert St. ..... St. ..... Ward)

File No. .....

Registered No. 11615

2. FULL NAME Laura Laska

(a) Residence. No. 1316 Hebert St., 26 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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 Female

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) May. 18th 1918.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
10	6	9	

8. OCCUPATION OF DECEASED School Girl 92 A 57 A

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joseph. Laska

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

12. MAIDEN NAME OF MOTHER Margaret Laska

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

14. INFORMANT Joseph Laska
(Address) 1316 Hebert St

15. FILED ..... 19 ..... Mar C. Starkey
NOV 28 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1928, to Nov. 24, 1928 that I last saw her alive on Nov. 24, 1928, and that death occurred, on the date stated above, at 3a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Mitral Regurgitation

90A

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Chronic Articular Rheumatism

(duration) 4½ 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? .....

(Signed) A. J. Kleykamp, M. D.

11/27, 1928 (Address) 3834 St Louis Ave

*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 Calvary

DATE OF BURIAL Nov. 30 1928

20. UNDERTAKER Aug Brockland L&U Co

ADDRESS 1421 N. 9 St.