

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

Do not use this space.  
  
16455

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City of Hospital 2**) St. .... Ward)

File No.....  
Registered No. **4975**  
St. .... Ward)

**2. FULL NAME**

**Matell Laughenhouse**  
(a) Residence. No. **2222 Franklin** St., **21** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **7** yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>Col</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John Laughenhouse</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>unknown</b>		
7. AGE <b>abt. 18</b>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, .....hrs. or .....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) <b>Wool 2nd</b> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

<b>PARENTS</b>	10. NAME OF FATHER <b>E. McDaniel</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Ark</b>
	12. MAIDEN NAME OF MOTHER <b>Pearl Tate</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Ark</b>

14. INFORMANT **A Gertrude Creath**  
(Address) **City of Hospital 2**

15. FILED **APR 25 1931** REGISTRAR **W. E. Starnes**

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-23 1931**

17. I HEREBY CERTIFY, That I attended deceased from **3/21**, 19**31**, to **4/23**, 19**31**, that I last saw him alive on **4/23**, 19**31**, and that death occurred, on the date stated above, at **8 A.M.**

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

**Endocarditis acute**  
(duration) yrs. **1** mos. **14** ds.

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

18. WHERE WAS DISEASE CONTRACTED **at home**  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF  
WAS THERE AN AUTOPSY? **Yes**

WHICH TEST CONFIRMED DIAGNOSIS **Chem Lab & Autopsy**  
(Signed) **Kenny J. Domeston** M. D.  
**423 . 91** (Address) **City of Hospital 2**

\*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 **Father Johnson** DATE OF BURIAL **4-29 1931**

20. UNDERTAKER **W. E. Starnes** ADDRESS **4202**

**WRITE PLAINLY WITH UNLOADING 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.

