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

Do not use this space.

36228

File No. .....

Registered No. 10760

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1002

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

12491

2. FULL NAME Clarence Laurent

(a) Residence, No. 649 Hotton St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29th 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Julius Laurent

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Lorraine Winkler

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Hospital Information (ADDRESS) Pressacet Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Oct 24 1931

19. UNDERTAKER Wm. Friedler (ADDRESS) 7120 Michigan Av.

20. FILED Oct 23 1931 Max C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1931, to Oct. 22nd, 1931

I last saw him alive on Oct. 22nd 1931. Death is said to have occurred on the date stated above, at 6.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
119-B Acute gastro enteritis	

Other contributory causes of importance:

119

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Maenish, M. D.

(Address) City Hospital

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.

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

Laurent