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.

DEC 26 1931

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

Do not use this space. Withheld till no 38819

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 344
City (No. 5816, Hamilton Ave St. Ward)

2. FULL NAME Martin Fred Laskowitz
(a) Residence, No. 5816 Hamilton St., 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine (Schmelz) Laskowitz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 5 - 1878
7. AGE: YEARS 53 — MONTHS 9 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: stove moulder
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

FATHER
13. NAME: Jacob Laskowitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Elizabeth Paradise
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Josephine Laskowitz 5816 Hamilton Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Nov. 9 1931
19. UNDERTAKER (ADDRESS): Bromschwig Und Co 4740 W. Florissant Ave
20. FILED: Nov. 30 1931 Golla Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Nov. 5, 1931
I last saw him alive on Nov. 5, 1931. Death is said to have occurred on the date stated above, at 5:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
46D	

Other contributory causes of importance:

Name of operation: Ventral anus Date of: 1929
What test confirmed diagnosis? Same 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? no
If so, specify
(Signed) H A Uhlemeyer, M. D.
(Address) 1511 E Grand Bl