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.

27968

File No.

Registered No. 7850

1. PLACE OF DEATH

County ..... Registration District No. 1021

Township ..... Primary Registration District No. 5023

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

8394

2. FULL NAME George A. Laux

(a) Residence, No. 4121 Camellia St. 7 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	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	10	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 101

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) St. Louis, Missouri

FATHER

13. NAME August Laux

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Augusta Unknown

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

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Trinity Cem DATE Aug 29/32 19

19. UNDERTAKER M. J. Schmidt (ADDRESS) 1819 Lafayette Ave

20. FILED AUG 29 1932 19 Wm. C. Barker Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17th, 1932, to Aug. 26, 1932

I last saw him alive on Aug. 26, 1932. Death is said to have occurred on the date stated above, at 6.50 P.M.

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

	Date of onset
Ruptured mesenteric	
Cyst non-malignant	
540	
Other contributory causes of importance:	
Generalized peritonitis	

Name of operation Exploratory Date of 8/24/32

What test confirmed diagnosis? Operation 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) Walter C. Kirchner, M. D.

(Address) City Hospital