

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

Do not use this space.

38141

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond, Mo. (No. St. Marys Hospital)

OCT 24 1934

Registration District No. 1170
Primary Registration District No. 624 R.H.

File No. _____
Registered No. 162
Ward _____

2. FULL NAME

(a) Residence, No. 1229 S 14th St., Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 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) Sept. 6, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 27

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

MOTHER FATHER
13. NAME Elmer Laurwood

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

15. MAIDEN NAME Idyll Stone

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

17. INFORMANT Elmer Laurwood (ADDRESS) 1229 S 14th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Oct 3 1934

19. UNDERTAKER W. W. McLaughlin (ADDRESS) 2301 Lafayette Ave

20. FILED Oct 4 1934 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-22-34, 19____, to 10-3-34, 19____

I last saw him alive on 10-3-34, 19____. Death is said

to have occurred on the date stated above, at 4:01 a.m.

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

Infection Diarrhea Date of onset 9-21-34

Other contributory causes of importance:
Zotemia

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Eugene H. Edle M. D.

(Address) St. Marys Hosp

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.

Handwritten signature
12/1/41