APR 9 1934

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

Do not use this space.

File No. 10323
Registered No. 2894

791
1003

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis, Mo. (No. 4708 Sacramento Ave. ..... St. ..... Ward)

2. FULL NAME Laura O. Book

(a) Residence, No. 4708 Sacramento Ave. 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 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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF William M. Book

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30th., 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	8	~~10~~ 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME William H. Osborn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Rose Merk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT William M. Book
(ADDRESS) 4708 Sacramento Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE March 16th., 1937

19. UNDERTAKER Stroot & Carroll Und. Co.
(ADDRESS) 4600 Natural Bridge Ave.

20. FILED MAR 15 1937 J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1936, to 3-13, 1937
I last saw her alive on 3-12, 1937. Death is said to have occurred on the date stated above, at 3:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	?

Other contributory causes of importance:
Nephritis Chronic

Name of operation Colostomy Date of 1-24-36
What test confirmed diagnosis? Biopsy 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) Bert O. Owens, M. D.
(Address) Missouri Bldg.

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

1 X9314