

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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **City Hospital**)
St. _____ Ward) _____

17936

File No. _____
Registered No. **4512**

2. FULL NAME **Leroy Laurent**

(a) Residence, No. **1449a St. Louis Ave.** St. **26** 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 **Male** 4. COLOR OR RACE **White** 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) **10-12-1935**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 6 18

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

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.**

13. NAME **Julius Laurent**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Lorraine Winkler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Julius Laurent**
(ADDRESS) **1449a St. Louis Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **5-1-37**

19. UNDERTAKER **Henry Ledner**
(ADDRESS) **1417 N. Market St.**

20. FILED **MAY 1-1937** **J. F. Bredsch**
Registrar.

MEDICAL CERTIFICATE OF DEATH
W. A. B. B. Physician
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-29-37**, 19____
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **7 P. M.**
The principal cause of death and related causes of importance were as follows:
Person Primarily caused from swallowing Kerosene which he had accidentally spilled on his face while lifting the window sash. Date of onset _____
Other contributory causes of importance: **from the window sill on April 29th 1937 at about 6:30 P. M.**
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **Yes**
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **4-28-37**
Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**
Manner of injury _____
Nature of injury **Stroke**
24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **Joseph M. Zuercher**, M.D.
(Address) **Secretary, Board**

