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

REC'D APR 1 1938

8738
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 2327
(c) City St Louis (d) Street No. Christian Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Laumann 550
(a) Residence, No. 4250 Holly Av. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: Henry Laumann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5th 1864
7. AGE: YEARS 73 MONTHS 9 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. House Work
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

FATHER
13. NAME: Joseph Snacina
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Loretto Laumann 4250 Holly Av.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary DATE: Mar. 9 1938
19. FUNERAL DIRECTOR (ADDRESS): Bromschwig Mnd. Co 4746 W. Florissant Av.
20. FILED MAR 8 1938 J. O. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 23rd 1938 to March 7th, 1938
I last saw her alive on Mar 6th, 1938. Death is said to have occurred on the date stated above, at 5.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac embolism	2-7-38

Other contributory causes of importance:
Fractured hip Feb 23rd 1938
Hypertension & Generalized Arterio Sclerosis

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/23, 1938
Where did injury occur? St Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Fell in Kitchen
Nature of injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. C. Mitchell, M. D.
(Address) 3801 Lee Ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Guy W Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)