

JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19886
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 5025
 (c) City St. Louis (d) Street No. EH Route to City 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 Harry Laux

(a) Residence, No. 1824a S. 8th. St. St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 30th. 19 38

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 9th, 1896.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:10 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 1 21

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Worker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Internal Hemorrhage from bullet wound of Abdominal Aorta, inflicted by the hands of one, Frank Glon, in front of 2718 St. Vincent Street about ten o'clock P.M., May 31, 1938
 Homicide.

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

Other contributory causes of importance:

FATHER 13. NAME George Laux

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

MOTHER 15. MAIDEN NAME Mary Brown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mary Laux 1824a 8th. St.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE June, 2- 19 38

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? homicide Date of Injury May 30, 19 38
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway

Specify whether injury occurred in industry, in home, or in public place. home

20. FILE JUN 1 1938 J. D. Pudew Local Registrar

Manner of injury see above
 Nature of injury II

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) Joseph M. Quinn, M.D.
 (Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

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

Frank J. Thylard

2645

or by

me

Registered Apprentice No. _____, working under my personal supervision.

Signed

Frank J. Thylard

Licensed Embalmer No.

2645

P. O. Address

St. Louis Mo

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

If this body is not embalmed, above space should be left blank.