DEC JAN 11 1939

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

791

40932
Do not use this space.

1. PLACE OF DEATH
(a) County
Registration District No. 1008
(b) Township or
Primary Registration District No.
Registered No. 10624
(c) City St. Louis
(d) Street No. City Hospital No.1 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.

D. 13009

2. PRINT FULL NAME 653 Alphonse Laurent 10
(a) Residence, No. 4242 Farlin Ave ~~N.R.~~ Farlin Ave
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Laurent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, m1900

7. AGE ~~26~~ 38 YEARS 38 MONTHS 4 DAYS 5 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. nil
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, Missouri

FATHER
13. NAME Elbert Laurent 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Elizabeth Laughlin 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp. Info M.Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter's DATE Dec 10th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stroot - Carroll
4600 Natural Bridge Ave

20. FILED DEC 9 1938 J. F. Bredeck
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/5/38, 19 to 12/7/38, 19
I last saw him alive on 12/7/38, 19 Death is said to have occurred on the date stated above, at 10.20 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic glomerulonephritis with uremia and acidosis
Hypertensive heart disease

Date of onset

Other contributory causes of importance:

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? 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) R W Maxwell, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

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## 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2265

P. O. Address.....

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

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