

REC'D MAR 9 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
6280
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 53
 (c) City Jefferson City (d) Street No. Saint Mary's 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

Mrs. Johanna Laux
 (a) Residence, No. 419 West High St.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1884

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
54 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
 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

12. BIRTHPLACE (CITY OR TOWN) Mary's Home,
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME George Lammers 7
 14. BIRTHPLACE (CITY OR TOWN) Switzerland 1
 (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Anna Hanker
 16. BIRTHPLACE (CITY OR TOWN) Mary's Home,
 (STATE OR COUNTRY) Missouri

17. INFORMANT Edward J. Laux
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Cem. DATE Feb. 27, 1939

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs
 (ADDRESS) Jefferson City, Missouri

20. FILED 2/28, 1939 D. B. Hoffmann, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939, to Feb 24, 1939
 I last saw him alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 9 P.M.
 The principal cause of death and related causes of importance were as follows:

Fracture Skull Base. Date of onset
Intracranial Hemorrhage.
Chiasmatic Basilar Aneurysm.
 Other contributory causes of importance:

Name of operation _____ 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 2/24/39
 Where did injury occur? Jefferson City, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Pedestrian - crossing street
 Manner of injury Collided with car
 Nature of injury struck head on pavement

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

(Signed) J. B. Hoffmann M. D. (Address) Jefferson City, Mo.

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,

John F. Heinrichs,

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Miss

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

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