

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41649**

JAN 12 1939

Registration District No. **72**

Primary Registration District No. _____

Registrar's No. **10772**

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Jewish Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **10 days**
 years, months or days

8. (a) PRINT FULL NAME **Christina Laffleur 146**
 8. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph Laffleur**
 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Aug. 28 1882**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	3	19	hr. _____ min.

9. Birthplace **Hungary**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housewife**

MOTHER FATHER { 12. Name **Anton Schmidt**

13. Birthplace **Hungary**
 (City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **Hungary**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Joseph Laffleur**

(b) Address **622 Clara Ave,**

17. (a) **Burial** (b) Date thereof **Dec 19/39**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S.S. Peter & Paul**

18. (a) Signature of funeral director **Shorbutis**

(b) Address **2906 Gravois Ave.**

19. (a) **DEC 18 1939** (b) **J. B. Budick**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **1**
 (c) City or town **St. Louis** **12**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **622 Clara**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **Hungary 35 Yrs**
 years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **16**
 year **1939** hour **10:30** minute **a** . M.

21. I hereby certify that I attended the deceased from **12-6-39**
 _____, 19____, to **12-16, 1939**

that I last saw her alive on **12-16**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Indeterminate even after post mortem (gross)

Due to **NO**

Due to **NO**
 Chronic cholecystitis & cholelithiasis and cholecholelithiasis } **2 yr.**

Major findings:
 Of operations **Chronic cholecystitis & cholelithiasis & cholecholelithiasis**
 Of autopsy **Edema of Brain**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

28. Signature **Sam Schneider** (M. D. certifies)

Address **Jewish Hospital** Date signed **12-16-39**

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.....

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

Signed.....

Licensed Embalmer No. *1619*

P. O. Address *2906 Gravois*

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.