DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9165

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2648

1. PLACE OF DEATH:

(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: St. Anthony Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 24

(d) Street No. 3333a California Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LOUISE M. McLAUGHLIN

3. (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 John J.

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October (Month) 17 (Day) 1884 (Year)

8. AGE: Years 55 Months 5 Days 2 If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Joseph Gerren

13. Birthplace Dont Know. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Dont Know.

15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John J. McLaughlin

(b) Address 3333a California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gebken Undertaking Co.

(b) Address 2842 Meramec St.

19. (a) MAR 21 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/2, 1940, to 3/19, 1940, that I last saw h. ve alive on 3/19, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple degenerated fibroids of uterus	2
Due to: Non Malignant	1
Due to:	
Other conditions (Include pregnancy within 3 months of death): 546	

Major findings:
Of operations
Of autopsy Multiple degenerated fibroids of uterus with hemorrhage

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Phil H. Scherer M. D. (M. D. or other)

Address 3115 S. Grand Ave. Date signed 3/20/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 3-17-39 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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

Robert F. Gebken, Registered Apprentice No. 187,

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

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.