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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30238

Registration District No. 791 FILED OCT 25 1940 Primary Registration District No. 1003 Registrar's No. 7515

**1. PLACE OF DEATH:**

(a) County St.LOUIS MO.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JOSEPHINE HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days) In this community Life.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St.Louis. (If outside city or town limits, write "RURAL") 14

(d) Street No. 4701 Prague Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME HORTENSE LAURANCE.

3. (b) If veteran, name war

3. (c) Social Security No. 488-12-5340

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 22 1920 (Month) (Day) (Year)

8. AGE: Years 20 Months 6 Days 12 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Bill Clerk 0

11. Industry or business United Drug Co. 0

MOTHER FATHER

12. Name George Laurance

13. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country)

14. Maiden name Emily Dierkes

15. Birthplace St.LOUIS (City, town, or county) MO. (State or foreign country)

16. (a) Informant George Laurance

(b) Address 470 Prague Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7/40 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S.PETER & PAUL

18. (a) Signature of funeral director Thos Duffy

(b) Address 2906 Gravois Ave.

19. (a) SEP 6 1940 (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 4th year 1940 hour 7 20 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 8 1940 to Sept 4 1940 that I last saw her alive on Sept 4 1940 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Intestinal Obstruction | 4 days |
| Due to Adhesions | Indefinite |
| Due to Acute Appendicitis | 2 days |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations Operation Aug 9 Acute appendicitis Operation 9/4/40 obstruction of intestine

Of autopsy None

PHYSICIAN — Underline the condition 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 John D. Lawrence (M. D. or other) M.D.

Address Metropolitan Bldg Date signed 9-6-40

(Licensed Embalmer's Statement on Reverse Side)

West Bldg

## 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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis,

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

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