No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4990
Registrar's No. 1238

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: 5805 Minnesota (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5805 Minnesota (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie Laird
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 Ferdinand Laird
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February (Month) 23 (Day) 1873 (Year)
8. AGE: Years 67 Months 11 Days 11 If less than one day hr. min.
9. Birthplace (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph Kline
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name McGinnis
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Charles Laird
(b) Address 2416½a South Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Schumacher Bud Co
(b) Address 3013 Meramec
19. (a) FEB 6 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1941 hour 3.30 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 30, 1941 to Feb. 4, 1941 that I last saw her alive on Feb. 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	6 yrs
Due to Pernicious Anemia	10 "
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 A. W. Peters (M. D. or other) M. D
Address 4145 a S. Grand Blvd Date signed 2/6/41

(Licensed Embalmer's Statement on Reverse Side)

41.45 S. Grand
2 to 4 + 7 to 8 PM

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 George N. Archambault, Registered Apprentice No. ..... working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miami

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, fact should be so stated above.