

MAY 13 1941

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 12565
 Registrar's No. 2995

Registration District No. _____ Primary Registration District No. _____

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: _____

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME ANNIE H. LAUDLAW.

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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 September 6, 1878.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 28 hr. _____ min.

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

10. Usual occupation School Teacher
 11. Industry or business Dozier Public School

MOTHER FATHER
 { 12. Name John Laudlaw.
 { 13. Birthplace ? Ireland, U.S.
 { 14. Maiden name Jane Smith.
 { 15. Birthplace ? Ireland, U.S.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Samuel A. Laudlaw.
 (b) Address 4714 Penrose Street.

17. (a) Burial (b) Date thereof 4-7-1941.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
 (b) Address 5966-68 Easton Ave.

19. (a) APR - 5 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4714 Penrose Street.
 (If rural, give location)

(e) No Attending Physician
 (Foreign born, how long in U. S. / Life years)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th.
 year 1941. hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion with
 Chronic hypertrophied
 Myocardium. Chronic
 Due to Interstitial Nephritis.

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
 Of operations _____

Of autopsy _____ 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) (f) Means of injury _____

Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed 4/5/41

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

81
 0
 7
 9

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.....

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

Signed John Ketter
Licensed Embalmer No. 3880

P. O. Address.....

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.