S. No. 2
1—4-13-40
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30003

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7342

000 17 9

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: City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2604 So. Grand Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas Jefferson Laws
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Laws
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April (Month) 18th (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
80	4	22	hr. min.

9. Birthplace Texas (City, town, or county) (State or foreign country)
10. Usual occupation Proprietor
11. Industry or business Laws Exterminating Co.
FATHER
12. Name Reuben Laws
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown Sullivan
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Minnie Laws
(b) Address 2604 So. Grand Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) SEP 11 1941 (Date received by local registrar) (b) J. P. Bulick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th year 1941 hour 12:15 minute A.M. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Hypertrophy; Coronary Sclerosis; Fracture of Left Femur; suffered when deceased
Due to tripped and fell on the concrete sidewalk in front of his home 2604
Due to So. Grand Blvd., on Aug. 16th, 1941, at about 3:30 P.M.
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operation
Of autopsy

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) Accident
(b) Date of occurrence Aug. 16th, 1941
(c) Where did injury occur? St. Louis, Mo. 000 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 9/11/41

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

(Licensed Embalmer's Statement on Reverse Side)

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: Edwina D. McDermott

Licensed Embalmer No. 2024

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, fact should be so stated above.