

FILED OCT 28 1941

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 2134

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution:
8000 Gannon Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 8000 Gannon
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Laughren

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Grace Laughren

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

7. Birth date of deceased April 4 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	15	_____ hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name William Laughren

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

14. Maiden name Margaret Durm

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

16. (a) Informant Leo Laughren

(b) Address 8000 Gannon

17. (a) Burial (b) Date thereof 10-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director _____
Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) OCT 21 1941 (Date received local registrar)

(b) C. H. McCarroll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1941 hour 3p.m. minute _____ M.

21. I hereby certify that I attended the deceased from 7/15/37 19 _____ to 10/19/41 19 _____
that I last saw him alive on 10/18/41 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Sensitivity

Due to _____

Due to _____

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

Duration _____

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) no

(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)

(a) Means of injury 0

23. Signature C. H. McCarroll (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

Dr. Falk
3604 Washington
11: ~~tit~~ 2 PM.
Jeff. 1800

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 *Virgil Barryman*

Licensed Embalmer No. *40189*

P. O. Address *6322 50 Grand*

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.