

FILED FEB 3 1942

Registration District No. _____

Primary Registration District No. 101

Registrar's No. 216

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6322 Maple Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1942 hour 4 minute 03 A.M.
21. I hereby certify that I attended the deceased from 1-2-42
19____ to 1-28-42 19____;
that I last saw him alive on 1-28-42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure
Due to myocardial weakness
Due to myocardial infarction
Other conditions None
(Include pregnancy within 3 months of death)

Duration hrs
days?
2 wks
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Bernard Laws

3. (b) If veteran, name war UNO 3. (c) Social Security No. NONE

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary E. Laws 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. 14 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 14 If less than one day hr. ____ min. ____

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

10. Usual occupation Retired, Switchman

11. Industry or business _____

12. Name Jesse Laws

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

14. Maiden name unknown unknown

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

16. (a) Informant Mary E. Laws

(b) Address 6322 Maple Ave

17. (a) Burial (b) Date thereof Jan. 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) JAN 28 1942 (b) J. M. Garton
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
23. Signature J. M. Garton (M. D. or other) _____
Address 2011 1/2 E. 11th St. St. Louis Date signed 1/28/42

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

96
2
635

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.....

Licensed Embalmer No. *3225*

P. O. Address *125 Hodiamont*

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.