S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1942

Registration District No. 791 Primary Registration District No. 1003

State File No. 4601

Registrar's No. 1099

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

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: 5238 ALABAMA. AV. 1 (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: 080

(a) State MO (b) County 14

(c) City or town ST LOUIS 159 (If outside city or town limits, write "RURAL")

(d) Street No. 5238 ALABAMA. AV. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN L. LABER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LENA

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MAY (Month) 7 (Day) 1872 (Year)

8. AGE: Years 69 Months 7 Days 27 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation WATCHMAN.

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATIE RAUSCH.
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant Lena Labor

(b) Address 5238 Alabama

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 6 42 (Month) (Day) (Year)

(c) Place: burial or cremation ST PAUL CHURCHYARD

18. (a) Signature of funeral director Jos P. Fendler Jr

(b) Address 7128 Michigan

19. (a) FEB (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1942 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 24, 1941 to Feb. 3, 1942 that I last saw him alive on Feb. 3, 1942. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Appoplexy	1 day
Due to Arterio-Sclerosis	6 mos
Due to Diabetes Mellitus	6 "
Chronic Nephritis	6 "
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

61

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 2/4/42

(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.....

Licensed Embalmer No. 925

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.