

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

7816  
State File No. \_\_\_\_\_  
Registrar's No. 430

FILED MAR 2 1942  
Registration District No. 784

Primary Registration District No. 200

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

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(c) Name of hospital or institution: Veterans Administration Facility  
(d) Length of stay: In hospital or institution Adm. 2/17/42  
In this community unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 3800-A North 28th Street  
(e) Citizen of foreign country? -

3. (a) PRINT FULL NAME William E. Laker  
3. (b) If veteran, name war World War  
3. (c) Social Security No. 488-01-6580

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 23rd, year 1942 hour 6:20 minute \_\_\_\_\_ A.M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Margaret  
6. (c) Age of husband or wife if alive 43 years

21. I hereby certify that I attended the deceased from February 17, 1942 to February 23, 1942 that I last saw him alive on February 23, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased August 15, 1895  
8. AGE: Years 46 Months 6 Days 8

Immediate cause of death Coronary arteriosclerotic heart disease, with cardiac enlargement, myocardial damage and myocardial insufficiency.  
Due to \_\_\_\_\_  
Duration Unknown

9. Birthplace St. Louis, Missouri  
10. Usual occupation Chauffeur

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy No autopsy.

11. Industry or business \_\_\_\_\_  
12. Name George Laker  
13. Birthplace Unknown  
14. Maiden name Bernadine Lampe  
15. Birthplace Unknown

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant M. Dehullig  
(b) Address Clinical Clerk, V.A. Jeff. Bks., Mo.  
(c) Place: burial or cremation old SS Peter & Paul  
(d) Signature of funeral director Goodrich  
(e) Address 2223 St. Louis Ave  
17. (a) burial (b) Date thereof 2-27-42  
(c) Signature of registrar L. M. Cochran  
18. (a) Signature of registrar L. M. Cochran  
19. (a) FEB 26 1942 (b) L. M. Cochran

23. Signature L. M. COCHRAN, M.D. (M. D. or other) \_\_\_\_\_  
Address Chief Medical Officer Date signed 2/23/42

ME-201

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

*Charles J. Goodson*

Licensed Embalmer No. *2777*

P. O. Address *St. Louis, Mo*

**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.**