

S. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8387**

FILED APR 17 1942 791

Primary Registration District No. **1003**

Registrar's No. **3214**

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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 Brunthers Alexian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16

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

(d) Street No. 3461 Oak Hill
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Lawrence H. Caugh

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1942 hour 10 minute 30 AM.

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from 3/25/42 to 4/8/42
that I last saw him alive on 4/8 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Ida Caugh 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 24 1869
(Month) (Day) (Year)

Immediate cause of death Myocardia
2 weeks

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

Due to 12h

Due to 1 or 1

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

Other conditions Chl. Nephritis - Chl. Bronchitis
(Include pregnancy within months of death) 2 years

10. Usual occupation Carpenter

Major findings: Hypertension

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name not known

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Caugh

(b) Address 3461 Oak Hill

17. (a) Cremation (b) Date thereof 4-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John Ziegenheim & Son

(b) Address 707 Gravois Ave.

19. (a) ADD 10 10 12 (b) L. F. Bedeck
(Date received local registrar) (Registrar's signature)

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 11

23. Signature W. P. Simpson (M. D. or other) M.P.

Address 3739 Gravois Ave. Date signed 4/8/42

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.....

E. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Gravois

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.