

FILED MAY 19 1942 791 , Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution;
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis H. Laba

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 Betty Laba 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 61 Months -- Days -- If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Printer

12. Name Unknown

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

14. Maiden name unknown

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

16. (a) Informant Harry Laba

(b) Address 7469 Cornell

17. (a) Burial (b) Date thereof 5-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona Cem.

18. (a) Signature of funeral director Herman Rindatoff While at work? (Specify type of place) Means of injury 0

(b) Address 5216 Delmar Blvd.

19. (a) MAY 8 1942 (b) J. F. Brueck 23. Signature Arthur E. Strand (M. D. or other) Address 539 N. Grand Date signed 5/7/42
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City (If outside city or town limits, write "RURAL")
(d) Street No. 6726 Chamberlain (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec 19 1938 to May 7 1942
that I last saw him alive on May 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia, right (Cerebral Hemorrhage) Duration 8 mos.
Due to Hypertension 3/2/42
Due to Chronic Sclerosis

Other conditions (Include pregnancy within 3 months of death)

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) _____
(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? _____

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.....

Chas. W. Cooper

Licensed Embalmer No.....

38130

P. O. Address.....

5216 Delmar

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.