

FILED DEC 11 1942

Registrar's No. 10123

Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: 3722a Fairview /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years
In this community 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 169
(d) Street No. 3722a Fairview
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Laffer

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April 14, 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Cape Girardeau, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business --

12. Name Geo. Laffer

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Laudon

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Emma K. Laffer

(b) Address 3722a Fairview

17. (a) Burial (b) Date thereof 12 4 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cem.

18. (a) Signature of funeral director Mackay-Heldrich-Wood Co.

(b) Address 3634 Gravois Avenue

19. (a) DEC 4 1942 (Date received local registrar) J. F. Braden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1942 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1942 to Dec 2, 1942
that I last saw him alive on Dec 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to myocarditis, chronic Hypertension

Due to 93rd 12

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (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

Signature: Charles Conrad (M. D. or other)

Address: 3702 Grand Date signed 1/3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 17 1948

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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 Robert Wheeler
Licensed Embalmer No. 2108
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.