S. No. 2
M—9-4-41
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12424

MAY 7 1943 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 396?

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:
Home for the Aged 3400 S Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 ⅓ yrs. (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

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

(d) Street No. Home for the Aged 3400 So. Grand (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Gustave Laux

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 Single

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Nov. (Month) 8 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
68 ~~mo~~	5	19	hr. ____ min.

9. Birthplace St. Louisk (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ____

FATHER
12. Name Albert Laux
13. Birthplace Dont Know. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace Dont Know. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sister Theresa
(b) Address 3400 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) APR 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Feb 14 1943 to Apr 27 1943 and that I last saw him alive on Apr 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	2W
Due to Degenerative Myocarditis	4Mo
Due to Arteriosclerosis	2Yr
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? ____ While at work ____ (Specify type of place) (e) Means of injury ____

23. Signature ____ M. D. or other ____
Address ____ Date signed ____

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(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.....Joe B. Benz.....

Licensed Embalmer No.....4249.....

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.