

S. No. 2
M-9-4-41
5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19035**
Registrar's No. **1211**

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

96
0
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FILED MAY 29 1943

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis County**
(b) City or town **Jefferson**
(c) Name of hospital or institution: **M. St. Rose San**
(d) Length of stay: In hospital or institution **10 days**
In this community **years, months or days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **University City**
(d) Street No. **6770 Olive St. Road.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Laws, Glen Henry**
(b) If veteran, name war **No** (c) Social Security **489-09-5759**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **23** year **1943** hour **7** minute **30** A. M.

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nelda Rose Laws** 6. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **Sept. 8, 1911.**

21. I hereby certify that I attended the deceased from **5/14** 19**43**, to **5/23** 19**43**; that I last saw him alive on **5/23** 19**43**; and that death occurred on the date and hour stated above.
Immediate cause of death **Pulmonary Tuberculosis**

8. AGE: Years **31** Months **8** Days **15** If less than one day **hr. min.**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Perryville, Missouri**

Major findings: **136-1**
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Labor**

11. Industry or business _____
12. Name **Bernard Laws**
13. Birthplace **Missouri**
14. Maiden name **Caroline Nannie**
15. Birthplace **Missouri**

16. (a) Informant **Mrs. Nelda Rose Laws**
(b) Address **6770 Olive St. Road.**

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? _____
(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 _____

17. (a) **Burial** (b) Date thereof **May 26/43.**
(c) Place: burial or cremation **Calvary Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**
(b) Address **1125 Hodiamont Ave.,**

19. (a) **MAY 24 1943** (b) **C. J. McClain M.D.**
(Date received local official) (Registrar's signature)

23. Signature **John B. Murphy** (M. D. or other) **M.D.**
Address **901 S. Broadway** Date signed **5/23/43**

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..... *Alan J. Kelly*.....
Licensed Embalmer No..... 3225.....
P. O. Address..... 1125 Hodiamont Ave.....

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.