

Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Firmin Desloge Hosp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days)  
 In this community Do not know

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. 216 So. 4th St.  
(If rural, give location)  
 (e) Citizen of foreign country? ? (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME GEORGE LAFRENS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-12-1874

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 July 15th, 1874.  
(Month) (Day) (Year)

8. AGE: Years Months Days 69 5 13 If less than one day  
hr. min.

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

10. Usual occupation Laborer

11. Industry or business Ice & Coal

MOTHER FATHER {  
 12. Name Not known 9  
 13. Birthplace Not known 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Not known 9  
 15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Schrepel  
 (b) Address 5021 Rosa Ave.,

17. (a) Burial (b) Date thereof 12/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director John S. Ziegenhain, D.D.S.  
 (b) Address 7007 Gravois Ave.

19. (a) DEC 30 1943 (b) J. T. Medrek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28  
 year 43 hour 2 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from 12-15  
 \_\_\_\_\_, 1943 to 12-28, 1943  
 that I last saw him alive on 12-28, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Squamous cell carcinoma of the tongue, pharynx & larynx  
 Due to \_\_\_\_\_ about  
 Due to Primary in six  
tongue months  
 Other conditions Tongue  
(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 H. H. Bowerman (M. D.)  
 Address 1325 S. Grand. Date signed \_\_\_\_\_

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..... *C. P. Kedwell* .....

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.**