

No. 2  
5-42  
17-39  
X32873

FILED FEB 1 1944  
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State File No. ....

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 831

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: 5328 Labadie 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... 20 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis <sup>000</sup>

(c) City or town St Louis <sup>17</sup>  
(If outside city or town limits, write "RURAL") <sup>6</sup>

(d) Street No. 5328 Labadie  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME CHARLES JOSEPH LAURENT

3. (b) If veteran, name war.....  
3. (c) Social Security No. 49807-2568

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1944 hour 7 minute 30 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Helga Laurent 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: Oct 21, 1903  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15 to Jan 24 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Ac. cardiac dilatation

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>3</u>	<u>3</u>	hr. min.

Due to Chronic Alcoholism and Post Influenzal Exhaustion

9. Birthplace Prairie du Rocher Illinois  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 30

10. Usual occupation Assembler

PHYSICIAN

11. Industry or business Automobile

Major findings: Of operations.....  
Of autopsy.....

Underline the cause to which death should be charged statistically.

12. Name Emil Laurent

13. Birthplace Prairie du Rocher Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Emilie Wellere

15. Birthplace Prairie du Rocher Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helga Laurent

(b) Address 5328 Labadie St Louis Mo

17. (a) Removal (b) Date thereof Jan 25, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Ill

18. (a) Signature of funeral director Emil Guernheim

(b) Address Waterloo Ill.

19. (a) JAN 27 1944 (b) J. F. Bredeek  
(Date received for registration) (Registrar's signature)

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 Car

23. Signature Samuel Wayz (M. D. or other) Phys

Address 2906 N. Union Date signed 1/25/44

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

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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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Bert H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. H. Lewis, Ill.

**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.**