DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19943

Registrar's No. 5888

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

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: 5267 Northland Ave., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 6 9

(d) Street No. 5267 Northland Ave., (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James D. Laughlin.

3. (b) If veteran, name war No

3. (c) Social Security No. 488-07-8671.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lucille Laughlin

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct. 10, 1887. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	8	19	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Shoe-worker

11. Industry or business

FATHER
12. Name Daniel Laughlin
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Laughlin 1

(b) Address 5267 Northland Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1/44. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) JUN 30 1944 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1944 hour 1.30 minute A.M. M.

21. I hereby certify that I attended the deceased from 6-16, 1944, to 6-29, 1944 that I last saw him alive on 6-28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency

Due to Tachycardia (Pulse 160)

Due to

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Wilkins (M. D. or other) M D

Address 2803 N. Kings Highway Date signed 6-30-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.H. White
2801 N. Kingshighway
Fo. 1336
9-10 A.M.

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.....

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.