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8-43
7-39
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FILED JUL 15 1944

Registration District No. 2

Primary Registration District No. 3063

Registrar's No. 1484

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 16 Euclid (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David James Laird

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Leola Lewis 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Aug 13 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Johns Co. Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer (Retired)

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Laird
13. Birthplace Unknown Tenn (City, town, or county) (State or foreign country)
14. Maiden name Adeline
15. Birthplace Unknown Tenn (City, town, or county) (State or foreign country)

16. (a) Informant self
(b) Address 16 Euclid Web Groves

17. (a) Burial (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. C. Lewis
(b) Address 12 Euclid Webster Groves

19. (a) JUL 12 1944 (b) E. J. Mc Gowan, M.D. (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1944 hour 10 minute PM M.

21. I hereby certify that I attended the deceased from 7 8 1944 to 7-9 1944
that I last saw him alive on 7-9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous pneumonia
Chronic tuberculosis, L.L.
Duration ? 2 wks.
Due to _____ unknown

Due to _____
Due to _____
Other conditions 130-1
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Pulmonary tuberculosis
& tuberculous pneumonia
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? 7 (Specify type of place) (e) Means of injury _____

23. Signature James E. Owen (M. D. or other) M. D.
Address 601 Brentwood Blvd, Clayton Date signed 7-10-44

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

JUL 24 1947

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.....

J. C. Lewis

Licensed Embalmer No. *2027*

P. O. Address *Hebster Grove*

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.