S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29548

FILED SEP 30 1944

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 8087

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: St. Louis City Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST. LOUIS 96

(c) City or town JENNINGS
(If outside city or town limits, write "RURAL")

(d) Street No. 2669 HORD
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Edward Laupp

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased July (Month) 12 (Day) 1864 (Year)

8. AGE: Years 80 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business =

FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Arthur Brockmann
(b) Address 2669 Hord Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 22 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific Mo

18. (a) Signature of funeral director Beiderwieden Funl Home
(b) Address 1936 St Louis Ave

19. (a) SEP 21 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1944 hour 5 minute 00 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture left femur With hypostatic pneumonia suffered when he fell from his bed at Isolation Hosp. Sept. 10 1944 about 1.30 AM

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 186

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) Accident

(b) Date of occurrence Sept 10 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Alfred Perry 3 (M. D. or other)

Address Deputy Coroner Date signed 9/21/44

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krupsin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.