V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32507

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8692

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2412 Menard St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carl E. Laciny

3. (b) If veteran, name war no.

3. (c) Social Security No. 491-14-9248

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Margaret Laciny

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan. 6 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) (State or foreign country)

10. Usual occupation Coppersmith

11. Industry or business

FATHER
12. Name Alexander Laciny
13. Birthplace Austria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Ferrenbach
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Laciny

(b) Address 2412 Menard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Witt Bros. L & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) OCT 13 1944 (Date received local registrar) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1944 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 27, 1944, to Oct 11, 1944; that I last saw him alive on Oct 10, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	13 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Paul Murphy (M. D. or other)

Address 534 N Grand St Louis Mo Date signed 10-12-44

(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. Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Av

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.