

FILED DEC 12 1944

Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **2469**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:  
**1275 Bellvue 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

2. USUAL RESIDENCE OF DECEASED:

**Missouri** **St. Louis** **96**

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1275 Bellvue Ave**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fred Jacob Laurent**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **194-10-9963**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Georgia Christine Williams Laurent** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Aug. 4, 1875**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **28** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Jerseyville, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Accountant**

11. Industry or business **Clarence M. Turley Realtor**

12. Name **Ludovic Laurent**

13. Birthplace **Nancy, France**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Wagoner**

15. Birthplace **Jerseyville, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edouard F. Laurent**

(b) Address **2710 S. Grand Blvd.**

17. (a) **Burial Peter & Paul** (b) Date thereof **12/5/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **N. Sts. Peter & Paul**

18. (c) Signature of funeral director **Robert J. Ambruster**

(b) Address **Clayton Rd. at Concordia Lane**

19. (a) **DEC 6 1944** (b) **E. J. McQuinn MD**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **2**  
year **1944** hour **9** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Jan 10** 19 **1944** to **Dec. 2,** 19 **44**  
that I last saw him alive on **November 30,** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lung** **3 yrs**  
Duration

Due to **47 h**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **No autopsy**

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) (M. D. or other)

(e) Means of injury \_\_\_\_\_

23. Signature **E. J. McQuinn** (M. D. or other) **MD**  
Address **1139 Bellvue** Date signed **12/4/44**

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

16  
9  
13

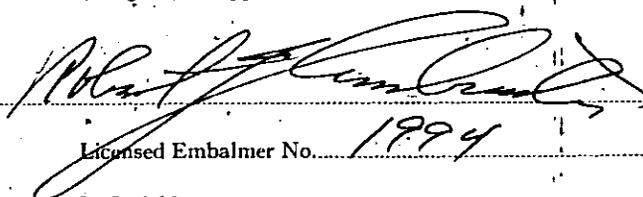
MOTHER FATHER

NOV 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.....



Licensed Embalmer No.....

1994

P. O. Address.....

**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.**