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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10648

Registration District No. 317 — Primary Registration District No. 3069 — Registrar's No. 629

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: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County aa
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2754a Meramec St. (If rural, give location) 6
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME SHIRLEY LAUX
3. (b) If veteran, name war -
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 29 (Day) 1936 (Year)

8. AGE: Years 8 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Edwin Laux
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Gallagher
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Edwin Laux
(b) Address 2754 Meramec St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.
19. (a) MAR 9 1945 (Date received local registrar) (b) R. G. McGAVRAN M.D. M.P.H. E. G. McGavran M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1945 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 3, 1945, 19..., to MARCH 5, 1945; that I last saw her alive on MARCH 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Increased intra cranial pressure	1 week -
Due to: Lupus Erythematosus disseminatus -	
Due to:	6 mo's?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Jackson Eto (M. D. or other) MD
Address 6420 Clayton Rd Date signed 3/5/45

(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 Frank J. Hyland

Licensed Embalmer No. 2675

P. O. Address St Louis Mo

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.