

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11451

FILED APR 23 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3256

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1. A  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1mo-22 days  
(Specify whether  
 In this community 1  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo., (b) County 000  
 (c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1815 California Av  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME MARY LAIRD  
 (b) If veteran, name war NO  
 (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8th  
 year 1945 hour 10:35 minute P. M.  
 21. I hereby certify that I attended the deceased from 2/19/45  
 , 19 , to 4/8/45 , 19 ;  
 that I last saw h or alive on 4/8/45 , 19 ;  
 and that death occurred on the date and hour stated above.

4. Sex FEMALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased NOV. 13 1879  
(Month) (Day) (Year)

Immediate cause of death Gas gangrene, bot of  
 Due to Gas gangrene, metastases of bc of a foot with metastases  
 Due to .....

8. AGE: Years Months Days If less than one day  
65 4 26 hr. min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)  
 10. Usual occupation HOUSE KEEPER.

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: As above  
 Of autopsy.....

MOTHER FATHER

11. Industry or business OWN  
 12. Name unk. ENGELMAN  
 13. Birthplace UNK. ?  
(City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

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? (Specify type of place) (e) Means of injury.....

16. (a) Informant Mrs. Ferdinand Laird  
 (b) Address 1875 California  
 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 13-45  
(Month) (Day) (Year)  
 (c) Place: burial or cremation ST. MATTHEWS CEM.  
 18. (a) Signature of funeral director E. J. Schurr  
 (b) Address 3125 Lafayette St  
 19. (a) APR 12 1945 (Date received local registrar) J. J. Brudeck (Registrar's signature)

23. Signature J. J. Brudeck (D. or other) 0  
 Address 1515 Lafayette Ave Date signed 4/9/45

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

17  
19

**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. 4014

P. O. Address 3125 Lafayette Ave

**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.**