S. No. 2
0M—5-43
v. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15323

Registration District No. 318 Primary Registration District No. 2005

Registrar's No. 4432

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4019 Greer Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John L Laws

3. (b) If veteran, name war

3. (c) Social Security No. 492-01-9583

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Gertrude

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

7. Birth date of deceased August (Month) 15 (Day) 1893 (Year)

8. AGE: Years 51 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Triangle Express

FATHER
12. Name John Laws
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Molay
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Gertrude Laws (Wife)
(b) Address 4019 Greer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethelehem Cem

18. (a) Signature of funeral director Beiderwieden F H Inc
(b) Address 1936 St Louis Avenue

19. (a) MAY 19 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1945 hour 3 minute 15 a. M.

21. I hereby certify that I attended the deceased from Apr. 11, 1945, 19..., to May 16, 1945; that I last saw h... alive on May 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Lower Jaw (Alveolus) — Duration 1 yr.?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of Jaw with metastases to hyoid nodes of neck

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

23. Signature Frank L. McDonald (M. D. or other) M.D.

Address Mills Building, St. Louis, Mo Date signed May 16, 1945

(Licensed Embalmer's Statement on Reverse Side)

2 80

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 Glen W. Hat

Licensed Embalmer No. 03737

P. O. Address 1936 St. Louis 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.