V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22196

FILED AUG 11 1945

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 6728

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

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:
2320 Michigan Ave. 1
(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:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2320 Michigan Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ann Laws

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Henry Laws

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July (Month) 30 (Day) 1867 (Year)

8. AGE: Years 77 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Etheriam Evans
13. Birthplace Ste. Genevieve (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Biggs
15. Birthplace Ste. Genevieve (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Add Meesey
(b) Address 2320 Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) Aug 31 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1945 hour 12:40 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 19..., to July 28, 1945;
that I last saw her alive on July 28, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 mo
Due to Causing hemiplegia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature R. Berg (M. D. or other)
Address 2253 Nebraska Date signed 7/28/45

(Licensed Embalmer's Statement on Reverse Side)

6728

6728

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. Albert L. Hoppe

Licensed Embalmer No. 2971

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.