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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24981

State File No.

FILED JUL 23 1945

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1783

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: 1069 NORTH HILLS LANE 1 (If not in hospital or institution, write street number or location)

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

In this community [redacted], 23 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 1069 NO. HILLS LANE 2 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME LAURA M. HAUPT

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex F 1

5. Color or race W

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 JULY - 21 - 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace CAPE GIRARDEAU - MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE CLEANER

11. Industry or business .....

FATHER
12. Name WM HAUPT
13. Birthplace CAPE GIRARDEAU - MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH GARLACH
15. Birthplace CAPE GIRARDEAU - MO (City, town, or county) (State or foreign country)

16. (a) Informant Wm J Haupt

(b) Address 1069 No Hills Lane

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM-CEM

18. (a) Signature of funeral director J. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) 6-17-1945 (Date received local registrar) (b) E. G. Mi. David M D (Registrar's signature) M S A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1945 hour 7 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan, 1944, to 7/12, 1945 that I last saw her alive on 7/12, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary oedema	1 da
Due to Myocarditis	?
Due to 93	
Other conditions Senility (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 C. O. Hughes (M. D. or other) MD

Address Ferguson Mo Date signed 7/14/45

(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 Albert G. Kuppe

Licensed Embalmer No. 299

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.