S. No. 2
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5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14934

FILED MAY 2 1946

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 3657

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

(d) Length of stay: In hospital or institution 5 Hours 55 Mins.
(Specify whether In this community years, months or days)

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. 4918 Potomac St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Della Frances Smith Laughlin

3. (b) If veteran, name war None

3. (c) Social Security No. 330-12-9985

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Barney Laughlin

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 12 (Day) 1891 (Year)

8. AGE: Years 55 Months 0 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace Clarksville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Seamstress,

11. Industry or business Garment Factory

FATHER
12. Name Nathan Smith
13. Birthplace Clarksville, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Brazier
15. Birthplace Clarksville, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant George R. McCoy
(b) Address 1910 Beall Ave. Alton, Ill.

17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof Apr. 24-46 (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois.

18. (a) Signature of funeral director Robert H Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) APR 22 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis Hypertrophy & Dilatation of Heart

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Alfred J. Pins (M. D. or other)

Address [illegible] Date signed 4/22/46

(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 Robert H. Streeper.

Licensed Embalmer No. 2474

P. O. Address Alton Ill.

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.