

FILED DEC 24 1946

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 41878

Registrar's No. 35-25

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Kirkwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
U.S. Marine Hospital, Kirkwood, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days
 (Specify whether
 In this community unknown
 years, months or days)

3. (a) PRINT FULL NAME GEORGE J. LAURENT3. (b) If veteran, name war World War I 3. (c) Social Security No. 337-18-0182

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Esther 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased March 7 1892
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>9</u>	<u>8</u>	hr. min.

9. Birthplace Prairie du Rocher Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter11. Industry or business unemployed12. Name Lewis Laurent13. Birthplace Prairie du Rocher Illinois
(City, town, or county) (State or foreign country)14. Maiden name Emily Duffrenne15. Birthplace Prairie du Rocher Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Clinical Records(b) Address U.S. Marine Hospital, Kirkwood, Mo17. (a) Removal (b) Date thereof 12-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Prairie du Rocher, Ill.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) 12-19-46 (b) Jack J. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
 (c) City or town St. James
 (If outside city or town limits, write "RURAL")
 (d) Street No. Soldiers' Home
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th
year 1946 hour 3:45 minute P. M.21. I hereby certify that I attended the deceased from November
26th 1946, to December 15th 1946.that I last saw him alive on December 15th 1946
and that death occurred on the date and hour stated above.Immediate cause of death Infarction of Myocardium - 15 min.
due to Arterio Sclerotic
Coronary ThrombosisDue to Arteriosclerotic Heart Disease 5 yrs.Due to 93dOther conditions Hernia, Indirect, Inguinal, It. Indef.
(Include pregnancy within 3 months of death)Major findings:
Of operations None

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) no(b) Date of occurrence X(c) Where did injury occur? X
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? XWhile at work? X (Specify type of place) (e) Means of injury X23. Signature Jack J. James (M. D. or other)Address Jack J. James, Surgeon, U.S. Marine Hospital, Kirkwood, Mo. Signed 12-16-46

FEE 20.947

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..... *R. W. Wilkinson*

Licensed Embalmer No. *3575*

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.