

No. 2  
4-5-43  
5-17-39  
X 36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11167

State File No. \_\_\_\_\_  
Registrar's No. 3664

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.

(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 16 days

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Pike

(c) City or town Pearl

(d) Street No. \_\_\_\_\_

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Willis Laughlin

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1947 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 18  
1947, to April 3 1947

that I last saw him, alive on April 3 1947  
and that death occurred on the date and hour stated above.

4. Sex M

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 April 14 1876

Immediate cause of death Branchopneumonia Duration 4 days

Due to Laparotomy

Due to 11/7

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 70 Months 11 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace not known Texas

10. Usual occupation labourer

Major findings: Ruptured Peptic Ulcer

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Timothy Laughlin

13. Birthplace not known

14. Maiden name Sarah Batten

15. Birthplace not known

16. (a) Informant Nancy Lambert

(b) Address Pearl Ill

17. (a) Burial (b) Date thereof April 6-47

(c) Place: burial or cremation Pearl Ill

18. (a) Signature of funeral director G. E. Tanker

(b) Address Pearl Ill

19. (a) APR 7 1947 (b) J. F. Bredeck

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature David Nife Kerr (M. D. or other) MD

Address Barnes Hospital, Date signed 4/3/47

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

MOTHER FATHER

3664

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**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..... *Ronald Yahne*.....  
Licensed Embalmer No..... *3917*.....  
P. O. Address..... *St. Louis Mo.*.....

**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.**