

12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19068
4829

Registration District No. **318** Primary Registration District No. **1003** State File No. _____ Registrar's No. _____

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:
3121 Clay Ave.
(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 **077**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3121 Clay Ave.**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Laumann**
3. (b) If veteran, name war **no** 3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maud Laumann** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **February 18, 1873**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **12**
year **1947** hour **12** minute **10 P** M.
21. I hereby certify that I attended the deceased from **March 31**, 19**45**, to **5-12**, 19**47**
that I last saw him alive on **5-12**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart dis. / Stokes Adams seizures.**
Due to **Pericarditis - nut. Heart block.**
Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

Duration **several years**

Major findings: Of operations **None**
Of autopsy **None**
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 _____
(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? **no**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **John J. Hammon** (M. D. or other) **M.D.**
Address **130 N. Grand** Date signed **5/12/47**

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

MOTHER FATHER

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Chief of plant protection**
11. Industry or business **Scullin Steel**
12. Name **Don't Know**
13. Birthplace **Don't Know** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't Know**
15. Birthplace **Don't Know** **9**
(City, town, or county) (State or foreign country)
16. (a) Informant **Ruth Lorenzini**
(b) Address **3121 Clay Ave.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 15/47**
(Month) (Day) (Year)
(c) Place: burial or cremation **Bellefontaine Cemetery**
18. (a) Signature of funeral director **Weick Bros.**
(b) Address **2201 S. Grand Bl.**
19. (a) **MAY 15 1947** (b) **J. J. Brudeck**
(Date received by registrar) (Registrar's signature)

Dr. Howard
Mrs. Thelma Bly

Jan 1

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.....

James R. Dunn, Registered Apprentice No. 403

working under my personal supervision.

Signed *Wm. H. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 2201 S. Grand Bl.

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.