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STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 23 1947
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 22422
Registrar's No. 5818

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Anthony Hospital
(d) Length of stay: In hospital or institution 1 month & 2 days
In this community years, months or days

3. (a) PRINT FULL NAME Marie Laffler
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Peter J. Laffler
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased December 9 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 6 2 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Michael Doll
13. Birthplace St. Louis Missouri
14. Maiden name Mary Schuman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Peter J. Laffler
(b) Address 3224 No. Dakota St.

17. (a) Burial (b) Date thereof June 14, 1947
(c) Place: burial or cremation Park Lawn Cemetery
(Month) (Day) (Year)

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) JUN 13 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 3224 No. Dakota St. 9
15 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11th
year 1947 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Nov 10 1946 to June 9 1947
that I last saw him alive on June 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction
Due to: Carcinoma of left ovary
Due to: Generalized metastasis.
Other conditions: pregnancy-aborted
Major findings: Carcinoma of left ovary
Of operations: Generalized metastasis.
Of autopsy: none
Duration: 2 days
7 mos
4 hrs
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?
(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: [Signature] (M. D. or other)
Address: 3208 N. Grand Date signed 6-13-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

Joe B. Benz
4249
2842 Meramec St.

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.