FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22430

Registration District No. FILED JUL 12 1947 318

Primary Registration District No. 1003

Registrar's No. 6263

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

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Loui
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Enroute City Hospital 3
(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 Ann

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. McArthur Hotel-100 N. Broadway 9
(If rural, give location)

(e) Citizen of foreign country? 25 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Helen Mae Prather Laycock

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Laycock

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased August (Month) 14 (Day) 1924 (Year)

8. AGE: Years 22 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Jess Prather
13. Birthplace Elvins (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elsie Lavorn
15. Birthplace Doe Run (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jess Prather
(b) Address 1861a Cass Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Desloge, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 29 year 1947 hour 4 minute 11 a 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 Fracture of skull
Due to Ann ruptured Heart While sitting in the Window in Room 1203 McArthur Hotel she was seen to sway and go out the Window Crowd 4:11 a.m. June 29, 1947

Due to

Other conditions Whether accidental or suicidal could not be

Major findings:
Of operations Permanent

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Ever Verdict

(b) Date of occurrence June 29 1947

(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? Hotel (Specify type of place)

While at work? (e) Means of injury Asbestos

23. Signature Patrick E. Taylor (Of H. Coroner) 3

Address Dry Corner Date signed 6/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Emb separate Cert filed

JUN 30 1947

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.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.