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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 26283

Registrar's No. 1627

1. PLACE OF DEATH:

(a) County St. Louis, ~~Missouri~~

(b) City or town Richmond Ht (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution I day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. St. Agnes Home 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME James A. Laughlin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Laughlin

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

7. Birth date of deceased April 14, 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 11 If less than one day hr. min.

9. Birthplace New York (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired RR Conductor

11. Industry or business Retired 16 yrs

FATHER
12. Name Ambrose Laughlin 4
13. Birthplace Ireland (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unk Moran
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mr. John P. Laughlin

(b) Address 7013 Trainor Ct.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) 7-31-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1947 hour 10 minute 28 p M.

21. I hereby certify that I attended the deceased from Dec 12, 1946 to July 25, 1947 that I last saw him alive on July 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	2 days
Due to Myocarditis chr.	3 yrs
Due to Arteriosclerosis general	15 yrs
Other conditions Hypertrophy of prostate (Include pregnancy within 3 months of death)	5 yrs

Major findings: Of operations none

Of autopsy none

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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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature CH Bockelman (M. D. or other) M.D.

Address 2615 Brentwood Blvd Date signed 7/28/47

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1948

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 J. Wm Binkley

Licensed Embalmer No. 3653

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.