

V. S. No. 2
 SM-12-45
 Rev. 5-17-39
 I X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26364**
 Registrar's No. **10245**

Registration District No. **217**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Manchester**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2-months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Janet M. Laws**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W. 2**
 6. (b) Name of husband or wife **Clarence R. Laws** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Unk. Unk. 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	Unk.	Unk.	hr. _____ min. _____

9. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

MOTHER FATHER
 11. Industry or business _____
 12. Name **Andrew Middleton**
 13. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)
 14. Maiden name **Adeline Lynch**
 15. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **David D. Lynch**
 (b) Address **1163 Claytonia Terrace**
 17. (a) **Burial** (b) Date thereof **7-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Arthur J. Donnelly**
 (b) Address **3840 Lindell Blvd.**
 19. (a) **7-17-47** (b) **Carl A. Harp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Avalon Hotel** **9**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **15**
 year **1947** hour **10:22** minute **A** M.
 21. I hereby certify that I attended the deceased from **May 7**
 19**47**, to **July 15** 19**47**;
 that I last saw h. **es** alive on **July 13** 19**47**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chro. Myocarditis & fibrillation**
Chro. Interstitial nephritis
 Due to **Arteriosclerosis**
 Due to **131e**
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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?
 While at work? _____ (Specify type of place) (e) Means of injury **0**
 23. Signature **C. H. Denny** (M. D. or other) **MD**
 Address **Cross Country** Date signed **7-15-47**

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

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lundell

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.