S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 10932

Registrar's No. 790

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 3601 Commonwealth 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 St. Louis 46

(c) City or town Maplewood.
(If outside city or town limits, write "RURAL")

(d) Street No. 3601 Commonwealth Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James Madison Lauritson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sophia

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July (Month) 31 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	7	23	..... hr. ..... min.

9. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business .....

FATHER
12. Name Jens M. Lauritson
13. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie
15. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Lauritson
(b) Address 3601 Commonwealth Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.

19. (a) 3-25-48 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from June 10 1931, to Mar. 24 1948; that I last saw him alive on Mar. 24 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	36 hrs.
Ch. myocarditis	10 yrs.
Due to: Arteriosclerosis	
Ch. nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations .....
Of autopsy .....

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) .....

(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 J A Sterling (M. D. ~~or other~~)

Address 7246 Manchester Date signed 3-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 H C Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.