

FILED MAY 15 1948
Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
911 Montgomery St.
(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.....

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

(d) Street No. 26 911 Montgomery St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Louis W. Laub

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1948 hour 4 minute 05 P. M.

4. Sex Male ()

5. Color or race White

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

6. (b) Name of husband or wife..... Virginia E. Laub

6. (c) Age of husband or wife if alive..... 42 years

7. Birth date of deceased..... December 10 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 25, 1947, to May 7, 1948, that I last saw him alive on May 7, 1948, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>44</u>	<u>4</u>	<u>27</u>	br. min.

Immediate cause of death.....
Cardio-vascular renal disease
Apoplexy

Due to.....

9. Birthplace..... Evansville Ind
(City, town, or county) (State or foreign country)

10. Usual occupation..... Moulder

11. Industry or business..... Kupferle Foundry

12. Name..... Louis Laub

13. Birthplace..... Evansville Ind
(City, town, or county) (State or foreign country)

14. Maiden name..... Rose Albers

15. Birthplace..... Evansville Ind
(City, town, or county) (State or foreign country)

Other conditions..... None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations.....

Of autopsy..... None

16. (a) Informant..... Virginia E. Laub
(b) Address..... 911 Montgomery St.

17. (a) Burial (b) Date thereof May 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Grove Cemetery

18. (a) Signature of funeral director..... Calvin F. Feutz
(b) Address..... 4828 Nat. Bridge lvd

19. (a) MAY 10 1948 (b) J. F. Bradlock
(Date received local registrar) (Registrar's signature)

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)..... None

(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?.....
Place of injury.....

23. Signature..... J. F. Bradlock (M. D. or other).....
Address..... 2435 N. Grand Blvd Date signed..... 5-8-48

WRITE PLAINLY—USING 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.....

Ralph C. Linders

Licensed Embalmer No. 4275

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.