S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17796

FILED JUN 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5051

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

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: 1126 Kentucky 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 660

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

(d) Street No. 1126 Kentucky Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mamie Mc Laughlin

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Leo

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March (Month) 30 (Day) 1905 (Year)

8. AGE: Years 43 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Cuba (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Gisy
13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name Emily Busche
15. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Leo McLaughlin
(b) Address 1126 Kentucky Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 3,1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

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

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-19, 1947 to Present, 19 ;
that I last saw her alive on 4-5, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema

Due to Rheumatic heart Mitral stenosis

Due to

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations

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)

(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 George C. Bess (M. D. or other) Mr.

Address 5203 Chippewa Date signed 6-1-48

GEORGE C.BESS

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.