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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34735
8753
State File No. _____
Registrar's No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
The City Infirmiry Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/16/48 To
October 5, 1948 (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. 4250 Folsom Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Laura Storck
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 7 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 28 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. D. Duff
(b) Address 1601 Bellemeade

17. (a) Cremation (b) Date thereof 9/19/48
(Burial, cremation, or removal) (Month) (Year) (Year)
(c) Place: burial or cremation Pro. Crematory

18. (a) Signature of funeral director W. J. Hartman
(b) Address W. J. Hartman

19. (a) OCT 8 1948 (b) J. B. Carter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 5,
year 1948 hour 7 minute 15 M.
21. I hereby certify that I attended the deceased from March 16,
1948, 19____, to October 5, 1948
that I last saw her alive on October 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Possible Co. of Colon - metastatic
possible melanosis - pending message
Due to Hypertension
Hypertensive Heart Disease
Due to Functioning colostomy
Cardiomegaly, Splenomegaly,
Functioning Colostomy
Other conditions Diastolic Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy As above
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) (c) Means of injury _____

23. Signature Cletus L. Kraus (M. D. or other) _____
Address 5600 Arsenal St. St. Louis Date signed Oct 5 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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed J. Allen Rappin

Licensed Embalmer No. 4933

P. O. Address H. Lane

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.