

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17761**  
Registrar's No. **4134**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4134</b>	
1. PLACE OF DEATH a. COUNTY <b>1911 No. Sarah Street</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 8</b>		c. LENGTH OF STAY (In this place) <b>20 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1911 N. Sarah</b>				d. STREET ADDRESS (If rural, give location) <b>3840 Delmar Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>Laleta</b> c. (Last) <b>Townsend</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-5-1949</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>3-31-1913</b>	
9. AGE (In years last birthday) <b>36</b>		10. UNDER 1 YEAR <b>1</b>		11. UNDER 24 HRS. <b>4</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Fort Worth, Texas</b>	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME <b>Glenn L. Lee</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>A. M. Townsend</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. A. M. Townsend, 3673 Cook Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Branch Pneumonia</b>							
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>107</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1949 X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:25 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph W. Zwick</b> (Deputy or title)				23b. ADDRESS <b>1500 Clark</b>		23c. DATE SIGNED <b>5/9/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-9-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park, Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 9 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Peoples Und. Co. 3100 Franklin</b>			

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

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*mil*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*John H. Pettus*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4184*

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.